

CHIPPEWA COUNTY
HEALTH & HUMAN SERVICES BOARD
REGULAR MEETING
FEBRUARY 16, 2023
CHIPPEWA COUNTY COURTHOUSE, RM 302
7:45 AM

1. CALL TO ORDER

The meeting was called to order by Chair Ives at 7:45 a.m.

2. ROLL CALL

Attendee Name	Organization	Title	Status	Arrived
Kari Ives	Chippewa County	District 21 (Chair)	Present	
Harold Steele	Chippewa County	District 2 (Vice-Chair)	Absent	
James Ericksen	Chippewa County	District 8	Present	
Caden Berg	Chippewa County	District 13	Present	
Dean Mueller	Chippewa County	District 20	Present	
John Halbleib	Chippewa County	Citizen Rep	Excused	
Nichole Wallsch	Chippewa County	Citizen Rep	Present	
Stacey Sperlingas	Chippewa County	Citizen Rep	Late	7:48 AM
Marcia Kyes	Chippewa County	Citizen Rep	Present	

Others Present: Angie Weideman County Health Officer/Public Health Director; Tim Easker, Human Services Director; Pauline Spiegel, Human Services Administrative Assistant; Sarah McQuillan, Public Health Fiscal Manager; Audra Knowlton, Public Health Administrative Assistant; Randy Scholz, County Administrator; Paul Brenner, Senior Fiscal Manager; Leslie Fijalkiewicz, ADRC Manager; Nikki Hoernke, Community Health Planning and Promotion Specialist; Kristen Kelm, Community Health Division Manager; Ashley Brott, Human Services Child Protective Services Manager; Human Services Success Story/Policy, Practice & People: Children, Youth & Families Manager Kyra Secraw and Children's Long Term Support Case Manager Jessilyn Balsiger; Public Health Policy, Practice & People: Sam Flatland, Environmental Health Coordinator; Friends of Public Health: Becce from River Source Family Center and Erica from Family Support Center;

3. MEMBERS OF THE PUBLIC WISHING TO BE HEARD

There were no members of the public wishing to be heard.

4. CONSENT AGENDA

Consent agenda approved.

RESULT:	APPROVED [6 TO 0]
MOVER:	Caden Berg, District 13
SECONDER:	James Ericksen, District 8
AYES:	Ives, Ericksen, Berg, Mueller, Wallsch, Kyes
ABSENT:	Steele
EXCUSED:	Halbleib
AWAY:	Sperlingas

1. Approve the Agenda

Health & Human Services Board

Minutes
Regular Meeting

Chippewa County Courthouse, Rm 302

February 16, 2023
7:45 AM

2. Approve the Minutes

Health & Human Services Board - Regular Meeting - Nov 17, 2022 7:45 AM

3. Schedule Next Meeting Date -March 16, 2023

5. REPORTS

1. Minutes of Advisory Committees/Boards

The minutes of the January 12, 2023 Aging & Disability Resource Center Board meeting were presented for review.

RESULT:	DISCUSSED
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2. Success Story/Policy, Practice & People - Human Services CYF Division - Jessilyn Balsiger

Children, Youth & Families Manager Kyra Secraw and Children's Long Term Support (CLTS) Case Manager Jessilyn Balsiger presented the story of young Brayden (a child with autism spectrum disorder) and his family and their journey in obtaining a service dog (Zeke) as a companion and support to Brayden. Jessilyn and Kyra then presented information on the CLTS Waiver Program that provided the funding for acquiring Zeke and for his ongoing expenses.

RESULT:	DISCUSSED
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3. Policy, Practice, & People - Public Health Environmental Health Division - Sam Flatland

Public Health Environmental Health Coordinator Sam Flatland presented information and data on the health effects, testing, and mitigation of Radon, an odorless radioactive gas that is present in the ground and a leading cause of lung cancer in both smokers and non-smokers.

Since 2008 in Chippewa County, 1,257 tests were submitted revealing the average Radon level is 7.79, the recommended level is lower than four picocuries per liter of air. Test kits are available to purchase in the Public Health Department for \$10.00.

RESULT:	DISCUSSED
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4. Friend of Public Health Recognition - Angie Weideman

Public Health Director Angie Weideman and Community Health Division Manager Kristen Kelm awarded the Friend of Public Health to Becce from River Source Family Center and Erica from the Family Support Center. Examples were shared of their great partnerships through the years.

RESULT:	DISCUSSED
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5. Public Health Director's Program and Financial Report – Angie Weideman

Director Angie Weideman presented the Public Health Program and Financial Report. She added that Community Health Division Manager Kristen Kelm has accepted a position with the state Department of Health Services. Weideman thanked Kelm for her ten years with the department and all that she has done. She also shared that Western Regional Center Manager Dawn Stark will be retiring in May.

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Department restructuring will occur, the division name will change to Planning and Strategy, and the Community Health Planning and Promotion Specialist and Epidemiologist will move to this division.

Weideman highlighted several items from the written report: Kristen Walters was hired as an Environmental Health Specialist working with the Transient Water Program, compared data for communicable disease between 2022 and 2021, the COVID-19 Hub is continuing to be used weekly and will continue to be updated, working on fiscal year-end closing and working on 2024 budget, and reviewed staff with years of service.

RESULT: DISCUSSED

6. Human Services Director's Program and Financial Report - Tim Easker

Director Tim Easker presented the Human Services Program and Financial Report. Easker highlighted several items from the written report: ADRC and mental health data/talking points he presented to Wisconsin legislators during County Ambassadors Day at the Capitol January 25, the Office of Children's Mental Health 2022 Annual Report, Child Protective Services reports of abuse/neglect screenings data, out-of-home placement numbers, and financial information.

RESULT: DISCUSSED

7. Human Services Child Protective Services 2022 Permanency Data - Ashley Brott

Child Protective Services (CPS) Manager Ashley Brott presented the CPS permanency data for 2022. In summary, more kids remain or go back to their home than are in the system. CPS also partners/collaborates with agencies for services in the home to aid in keeping children in the home.

RESULT: DISCUSSED

8. Human Services Social Media 2022 Metrics Report - Pauline Spiegel/Leslie Fijalkiewicz

Human Services Social Media Administrator Pauline Spiegel reviewed the Human Services Social Media/Facebook metrics report for 2022; ADRC Manager Leslie Fijalkiewicz reviewed the ADRC 2022 report.

RESULT: DISCUSSED

9. Health and Human Services Board Annual Performance Evaluation Results - Tim Easker/Angie Weideman

The information from the 2022 annual Health & Human Services Board performance review was reviewed. Both directors expressed appreciation for the valuable feedback. They have an "open door" format and Board members are always welcome for conversation. Easker also addressed one of the comments.

RESULT: DISCUSSED

6. BUSINESS ITEMS

1. Public Health 2023-2026 Strategic Plan - Nikki Hoernke

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Public Health Community Health Planning and Promotion Specialist Nikki Hoernke presented the Public Health 2023 - 2026 Strategic Plan, reviewing the process, components, goals, and implementation of the plan. The new plan was approved.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Caden Berg, District 13
SECONDER:	Marcia Kyes, Citizen Rep
AYES:	Ives, Ericksen, Berg, Mueller, Wallsch, Sperlingas, Kyes
ABSENT:	Steele
EXCUSED:	Halbleib

2. 7468 : Public Health - APH - Governing Overview Revision - Angie Weideman
Angie reviewed the minor revision to the APH - Governing Overview policy. The revised policy was approved.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Marcia Kyes, Citizen Rep
SECONDER:	Caden Berg, District 13
AYES:	Ives, Ericksen, Berg, Mueller, Wallsch, Sperlingas, Kyes
ABSENT:	Steele
EXCUSED:	Halbleib

3. Public Health 2023 Program Prioritization Ranking - Angie Weideman
The prioritization rankings for Public Health 2023 programs were reviewed and approved. Generally, the 2023 rankings were very similar to 2022.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Caden Berg, District 13
SECONDER:	James Ericksen, District 8
AYES:	Ives, Ericksen, Berg, Mueller, Wallsch, Sperlingas, Kyes
ABSENT:	Steele
EXCUSED:	Halbleib

7. AGENDA ITEMS FOR FUTURE CONSIDERATION

8. ADJOURN

Meeting adjourned at 9:42 a.m.

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RESULT:	APPROVED [UNANIMOUS]
MOVER:	James Ericksen, District 8
SECONDER:	Caden Berg, District 13
AYES:	Ives, Ericksen, Berg, Mueller, Wallsch, Sperlingas, Kyes
ABSENT:	Steele
EXCUSED:	Halbleib

CHIPPEWA COUNTY
HEALTH & HUMAN SERVICES BOARD
REGULAR MEETING
NOVEMBER 17, 2022
CHIPPEWA COUNTY COURTHOUSE, RM 302
7:45 AM

1. CALL TO ORDER

The Health & Human Services Board meeting was called to order at 7:48 a.m. by Vice-chair Harold Steele.

2. ROLL CALL

Attendee Name	Organization	Title	Status	Arrived
Kari Ives	Chippewa County	District 21 (Chair)	Absent	
Harold Steele	Chippewa County	District 2 (Vice-Chair)	Present	
James Ericksen	Chippewa County	District 8	Present	
Caden Berg	Chippewa County	District 13	Present	
Dean Mueller	Chippewa County	District 20	Present	
John Halbleib	Chippewa County	Citizen Rep	Absent	
Nichole Wallsch	Chippewa County	Citizen Rep	Absent	
Stacey Sperlingas	Chippewa County	Citizen Rep	Present	
Marcia Kyes	Chippewa County	Citizen Rep	Absent	

Others Present: Angie Weideman County Health Officer/Public Health Director; Tim Easker, Human Services Director; Pauline Spiegel, Human Services Administrative Assistant; Sarah McQuillan, Public Health Fiscal Manager; Audra Knowlton, Public Health Administrative Assistant; Randy Scholz, County Administrator; Paul Brenner, Senior Fiscal Manager; County Board Chair Dean Gullickson; Human Services staff: Geri Sedlacek and Missy Collins

3. MEMBERS OF THE PUBLIC WISHING TO BE HEARD

There were no members of the public wishing to be heard.

4. CONSENT AGENDA

RESULT:	APPROVED [UNANIMOUS]
MOVER:	James Ericksen, District 8
SECONDER:	Caden Berg, District 13
AYES:	Steele, Ericksen, Berg, Mueller, Sperlingas
ABSENT:	Ives, Halbleib, Wallsch, Kyes

1. Approve the Agenda
2. Approve the Minutes

Health & Human Services Board - Regular Meeting - Oct 20, 2022 7:45 AM

3. Schedule Next Meeting Date - December 15, 2022

Minutes Acceptance: Minutes of Nov 17, 2022 7:45 AM (Consent Agenda)

Health & Human Services Board

Minutes
Regular Meeting

Chippewa County Courthouse, Rm 302

November 17, 2022
7:45 AM

5. REPORTS

1. Human Services Success Story

Administrative Assistant Geri Sedlacek presented information on the annual foster care holiday appreciation event. Foster Care Coordinator Missy Collins provided a brief update on foster care services, recruitment of new foster homes, education and support of foster care families.

RESULT: DISCUSSED

2. Public Health Director's Program and Financial Report

Director Angie Weideman presented the Public Health Program and Financial Report. She highlighted several items from her written report: increase of flu and RSV cases, school road tour, vaccine distribution, increase in human health hazard complaints, continuing WIC virtual visits (per Public Health Emergency Declaration extension), WIC management evaluation, use of diabetes prevention grant, Affordable Care Act (ACA) open enrollment, Western Regional Center events and \$200,000 grant, staff years of service recognition, Covid dashboard, and financial information.

RESULT: DISCUSSED

3. Human Services Director's Program and Financial Report

Director Tim Easker presented the Human Services Program and Financial Report. Easker highlighted several items from the written report: partnership with Lutheran Social Services (LSS) who is applying for a grant to serve children and youth with high acuity needs, 2022 employee engagement results, implementation of four 10-hour workdays, job description updates, Medicaid reimbursement for crisis services, recognition of Child Protective Services (CPS) leadership, and the financial report. Recognition extended to all those associated with the Foster Care Appreciation Event and to the ADRC Options Counselors for connecting with hospitals.

RESULT: DISCUSSED

6. BUSINESS ITEMS

1. Public Health Policy - CH-Breastfeeding

Updates to the CH-Breastfeeding policy were reviewed and approved.

RESULT: APPROVED [UNANIMOUS]
MOVER: Caden Berg, District 13
SECONDER: James Ericksen, District 8
AYES: Steele, Ericksen, Berg, Mueller, Sperlingas
ABSENT: Ives, Halbleib, Wallsch, Kyes

2. Public Health Policy - CH-Reproductive Health and Family Planning Services (Review & Approve)

The new CH-Reproductive Health and Family Planning Services policy was reviewed and approved, with the old CH-Dual Protection Services Policy being deleted.

Minutes Acceptance: Minutes of Nov 17, 2022 7:45 AM (Consent Agenda)

Health & Human Services Board

Minutes
Regular Meeting

Chippewa County Courthouse, Rm 302

November 17, 2022
7:45 AM

RESULT:	APPROVED [UNANIMOUS]
MOVER:	James Ericksen, District 8
SECONDER:	Caden Berg, District 13
AYES:	Steele, Ericksen, Berg, Mueller, Sperlingas
ABSENT:	Ives, Halbleib, Wallsch, Kyes

3. Public Health Fees for Service

The new financial user fees for the categories of Nurse Practitioner, Lab Services, STD Medications, Supplies, Transient Program (starting January 1, 2023) were reviewed and approved.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Caden Berg, District 13
SECONDER:	Stacey Sperlingas, Citizen Rep
AYES:	Steele, Ericksen, Berg, Mueller, Sperlingas
ABSENT:	Ives, Halbleib, Wallsch, Kyes

7. **AGENDA ITEMS FOR FUTURE CONSIDERATION**

8. **ADJOURN**

Meeting adjourned 8:56 a.m.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	James Ericksen, District 8
SECONDER:	Dean Mueller, District 20
AYES:	Steele, Ericksen, Berg, Mueller, Sperlingas
ABSENT:	Ives, Halbleib, Wallsch, Kyes

Minutes Acceptance: Minutes of Nov 17, 2022 7:45 AM (Consent Agenda)



**STATEMENT OF EXPLANATION
MINUTES OF ADVISORY COMMITTEES/BOARDS**

5.1

Review of Advisory Committee/Boards Minutes:

- January 12, 2023 - Aging & Disability Resource Center (ADRC) Board

CHIPPEWA COUNTY**ADRC (AGING & DISABILITY RESOURCE CENTER) BOARD****REGULAR MEETING****JANUARY 12, 2023****CHIPPEWA COUNTY COURTHOUSE, RM 302****4:45 PM****1. CALL TO ORDER**

Chair Kari Ives called the meeting to order at 4:47 p.m.

2. ROLL CALL

Attendee Name	Organization	Title	Status	Arrived
Kari Ives	Chippewa County	District 21 (Chair)	Present	
Patricia German	Chippewa County	Citizen Rep (Vice-Chair)	Present	
Larry Marquardt	Chippewa County	Citizen Rep	Present	
Don Hauser	Chippewa County	Citizen Rep	Present	
Mary Frasier	Chippewa County	Citizen Rep	Absent	
Janet Mayer	Chippewa County	Citizen Rep	Present	
Glen Howell	Chippewa County	Citizen Rep	Present	

Others Present: Leslie Fijalkiewicz, ADRC Manager; Tim Easker, Human Services Director; Pauline Spiegel, Administrative Assistant; ADRC Staff: Michelle Fellom

3. MEMBERS OF THE PUBLIC WISHING TO BE HEARD

There were no members of the public wishing to be heard.

4. CONSENT AGENDA

RESULT: APPROVED [UNANIMOUS]
MOVER: Patricia German, Citizen Rep (Vice-Chair)
SECONDER: Janet Mayer, Citizen Rep
AYES: Ives, German, Marquardt, Hauser, Mayer, Howell
ABSENT: Frasier

1. Approve the agenda

2. Approve the Minutes

ADRC (Aging & Disability Resource Center) Board - Regular Meeting - Nov 10, 2022 4:45 PM

3. Schedule next meeting date - March 9

5. REPORTS

1. ADRC Social Media Report

ADRC Manager Leslie Fijalkiewicz presented 2022 ADRC Social Media Metrics Report.

ADRC (Aging & Disability Resource Center) Board

Minutes
Regular Meeting

Chippewa County Courthouse, Rm 302

January 12, 2023
4:45 PM

RESULT: DISCUSSED

2. ADRC Staff Presentation

ADRC Elder Benefit Specialist Michelle Fellom presented information on how she assists people ages 60 and older understand and access private or government benefits.

RESULT: DISCUSSED

3. ADRC Manager Program and Financial Report

ADRC Manager Leslie Fijalkiewicz presented the ADRC Manager Report. She highlighted several items from her report. Chair Kari Ives was congratulated on receiving an award of excellence from the National Foundation of Women Legislators.

RESULT: DISCUSSED

4. ADRC Advocacy Report

ADRC Manager Leslie Fijalkiewicz shared current advocacy information. She also shared the Aging Advocacy Day is scheduled for May 9 and Governor Evers presents his budget February 15.

RESULT: DISCUSSED

5. ADRC Board 2022 Performance Evaluation

The purpose and instructions for the board annual performance evaluation for 2022 were provided to the board members. Results will be presented at the March meeting.

RESULT: DISCUSSED

6. **BUSINESS ITEMS**

7. **AGENDA ITEMS FOR FUTURE CONSIDERATION**

8. **ADJOURN**

Meeting adjourned at 5:35 p.m.

RESULT: APPROVED [UNANIMOUS]
MOVER: Larry Marquardt, Citizen Rep
SECONDER: Don Hauser, Citizen Rep
AYES: Ives, German, Marquardt, Hauser, Mayer, Howell
ABSENT: Frasier

Attachment: 5.1 ADRC Minutes 01-12-23 (7549 : Minutes of Advisory Committees/Boards)



STATEMENT OF EXPLANATION
SUCCESS STORY/POLICY, PRACTICE & PEOPLE - HUMAN SERVICES CYF
DIVISION - JESSILYN BALSIGER

5.2

Division staff will briefly share a family or individual's success story achieved through a DHS division program/service. This will be followed by a deeper dive of this program/service to provide greater insight and depth to our services, and also get to know our staff and what they do.

This is the story of Brayden who is diagnosed with autism spectrum disorder and receiving services through the Chippewa County's Children's Long Term Support (CLTS) waiver. The family and case worker Jessilyn Balsiger have been working to obtain a service dog for Brayden. Because of the funding through CLTS, Brayden's parents were able to fly to Oregon, attend the service dog training, and bring the service dog Zeke home. CLTS also funds Zeke's veterinary costs so he can continue providing services to Brayden.

DHS Success Story – Braden and Zeke

Written by Brayden’s Mom

When we started on this service dog journey I was not sure what to expect. I honestly wondered how a dog would change our family's life. I had a friend that had a service dog and she assured me that it was life changing. In the beginning of the diagnosis I held on to the hope that each day would get easier. He would learn new skills, learn about safety and his autism diagnosis would fade away. However, as time went by that wasn't the case. He was growing bigger, faster, and smarter.

As a family of 7 we tried not to let autism slow us down. However once Brayden outgrew the stroller, the confines of a cart, and the monkey backpack with a leash, leaving the house, going to sporting events, or even grocery shopping became extremely dangerous. Despite my vigilance, one turn of the head from me, Brayden could be on the basketball court, the softball field, running out of the grocery store entrance, or worse yet running into the street or toward the water. The school was reporting him attempting to leave at recess and running toward the highway and out the school doors during the day. I started to panic. My mindset now shifted from a mom who thought we would outgrow autism to a mom that feared that her child might not live to see the service dog.



From the moment Zeke entered our home it was as though he brought magic with him. Perhaps it was his calmness, his predictable behavior, or that the dog spoke a language Brayden understood. The dog commands were simple. They were always the same. "Grab your handle", or "let's go". The positive affirmations of "good boy" and "yes" were interpreted by Brayden as he was doing a great job even though they were meant for the dog. I watched as something magical happened. Brayden began to learn his limits. The dog tethers to Brayden. Although Brayden could slip out of the tether, he doesn't. He doesn't yank or pull on the tether. He just grabs his handle and goes. If he needs to jump or wiggle he can or if he needs to lay on the floor Zeke sits beside him in a down position, waiting to be released to go on to the next activity. The dog provides him a sense of confidence, security, and most importantly autonomy.



Although Zeke has only been in our home for a few months the changes have been remarkable. Zeke is the second set of hands that I have always needed. There has been a change in Brayden and I have noticed a change in me. Perhaps it is the sense of calm I feel when I navigate stores and ballgames or maybe it is the consistency that Brayden knows what is expected of him. But Zeke has opened up a whole new world for our family.

I wanted to thank the waiver for supporting us on this journey. The funding that allowed us to travel out to Oregon to receive this precious gift of a service dog for our family and continuing to support Zeke's needs as we are back home. I hope going forth other families can experience the sense of freedom that a service dog provides a family that was starting to feel suffocated and trapped in a world that they were struggling to navigate.



Welcome to the Children's Long-Term Support Waiver Program

Wisconsin's Children's Long-Term Support (CLTS) Waiver Program provides children with disabilities and their families individualized supports and services that help those children grow and live their best lives in their home and community.

Through a partnership between the Wisconsin Department of Health Services (DHS) and county health and human services departments, children and families in the CLTS Program have access to a range of supports and services. You can find a list of the kinds of supports available at www.dhs.wisconsin.gov/publications/p02570.pdf. Your family can work directly with county staff to apply for and receive supports and services that match your family's and the child's needs and goals.

Who is the support and service coordinator?

Your family will work one-on-one with a support and service coordinator (SSC). The SSC is a new partner in your journey, and will help you navigate community and CLTS services. The SSC is there to help support you and wants you to be successful. You can expect the SSC to reach out to you at least every three months, but you can connect with the SSC at any time or request more frequent contact.

You can reach out to your SSC:

- When you want help connecting to the community or other resources
- When you are planning for an upcoming change in your child's life
- When you need more, fewer, or different services
- When you have questions about how an item or service could be covered
- When incidents occur that might impact the child's health or safety (informational brochure: www.dhs.wisconsin.gov/library/p-00069a.htm)
- When you want to discuss progress and things that are going well
- Whenever you need help or have questions



How are supports and services chosen to match my family's needs?

The CLTS Program uses a team approach called Deciding Together (www.dhs.wisconsin.gov/library/p-02246.htm) to make decisions. In this approach, the members of your family (including parents, caregivers, and children) are the experts on your goals, strengths, and needs. Deciding Together encourages everyone to share their ideas, thoughts, and questions. Deciding Together considers your family's unique story and life experiences to create a unique plan of supports and services called an individual service plan (ISP).

The ISP can be changed at any time, but the SSC will review the ISP with you and your family at least every six months. ISP reviews are an opportunity to have an open discussion about what is going well, and what you may want to change.

By combining the knowledge you have about the child with the information the SSC has about available resources and services in your community, you will be able to develop a unique plan that works for the specific needs of your family.

What if I am unsure about a decision that was made?

It is natural for people to have differences of opinion from time to time. There are ways to address a decision you don't understand or don't agree with. You can:

- Ask questions when a decision is confusing.
- Continue to talk with the SSC, or reach out to the CLTS Supervisor.
- Request an appeal through the State Division of Hearings and Appeals:
doa.wi.gov/Pages/LicensesHearings/DHAContact.aspx.
- Complete your county's grievance process. For more information on this, see your county's contact for grievances listed at the end of this letter.



How do my CLTS services and my health care coverage work together?

CLTS services work together with your health care coverage, including private insurance and/or Wisconsin Medicaid coverage.

1	Private Insurance	If you have private insurance (through an employer or the health insurance marketplace), that insurance has to be used first for any health-related items or services.
2	Wisconsin Medicaid*	All children enrolled in the CLTS Program receive health care benefits from Wisconsin Medicaid. Wisconsin Medicaid is used to cover health-related items or services that private insurance does not cover. Wisconsin Medicaid should be used before the CLTS Program.
3	CLTS Program	If health-related items or services are denied by private insurance and/or Wisconsin Medicaid, then those items or services may be covered by the CLTS Program.

*Children and youth enrolled in Wisconsin Medicaid also have coverage through HealthCheck, which is a benefit especially created for young people. HealthCheck covers in-depth exams and checkups. It also covers specialized services or products the child may need, under HealthCheck "Other Services." This means that service limits that are typically placed on adults don't apply to young people. You can find more information on HealthCheck and HealthCheck "Other Services" here: www.dhs.wisconsin.gov/forwardhealth/healthcheck.htm.

Important things to know about your health care coverage:

- It is important to remain enrolled in Wisconsin Medicaid to stay enrolled in the CLTS Program. The SSC can help you maintain eligibility for Wisconsin Medicaid.
- There could be costs associated with the child's Wisconsin Medicaid. These costs are separate from costs you may have for the CLTS Program, and will be explained in the letter you receive from your Income Maintenance or Tribal Agency (www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm). If these costs cause a financial burden, discuss other options with the SSC.
- The CLTS Program is unable to pay for premiums, deductibles, or copayments incurred from private insurance and/or Wisconsin Medicaid.



Will I receive a bill for CLTS Program services?

Some families may be required to pay a portion of service costs. This fee is called a parental payment liability (PPL). Your local health and human services agency determines the fee, and it is based on your overall family income and the cost of services on the ISP. If you are responsible for a PPL, contact the local health and human services agency, or SSC, with any questions on when to expect the bill and how to pay.

You can ask for your PPL to be reevaluated if your circumstances change. Contact the SSC if your family experiences a significant change in income, or if you are experiencing a financial hardship. The county will work with you to decide if your PPL can be changed based on your situation.

How can I stay informed?

- Visit the CLTS family webpage for more information and helpful resources:
www.dhs.wisconsin.gov/clts/waiver/family/index.htm.
- *All in For Kids: CLTS* is a newsletter published by DHS for children and families in the CLTS Program. This newsletter is mailed to you, and can also be found on the webpage listed above (scroll to the "Resources" section).
- The CLTS Information for Families and Participants email list provides important program updates. Join the email list at www.dhs.wisconsin.gov/aboutdhs/alerts. Click on "Children's Long-Term Support Information for Families and Participants." Signing up will also make sure you get the All in for Kids newsletter by email.

Who can I contact for more information?

Name of Support and Service Coordinator	Name of County Grievance Coordinator
Address (Street Name)	Address (Street Name)
City, State, Zip	City, State, Zip
Phone	Phone
Fax	Fax

Children's Long-Term Support (CLTS) Waiver Program and Children's Community Options Program (CCOP)

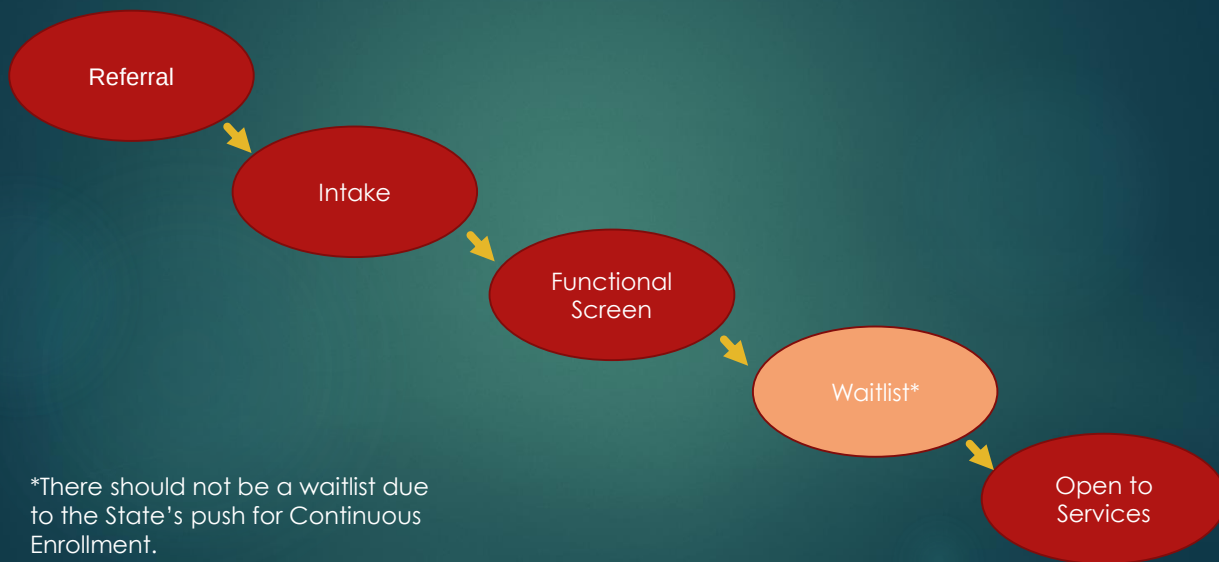
What is CLTS?

- ▶ "[The CLTS] Waiver Program provides children with disabilities and their families individualized supports and services that help those children grow and live their best lives in their home and community.
- ▶ "Through a partnership between the Wisconsin Department of Health Services (DHS) and county health and human services departments, children and families in the CLTS Program have access to a range of supports and services" (Welcome to The CLTS Waiver Program Packet)."
- ▶ Payer of last resort (somewhat).
- ▶ All children in the program are fully-funded by the State.
- ▶ Services include, but are not limited to:
 - ▶ Support and Service Coordination
 - ▶ Respite Care
 - ▶ Daily Living Skills Training
 - ▶ Specialized Medical and Therapeutic Supplies

What is CCOP?

- ▶ “The purpose of CCOP is to provide a coordinated approach to supporting families who have a child with a disability” (CCOP Guide, p. 5).
- ▶ Primarily acts as a supplemental funding source, is more flexible, and is the true payer of last resort. However, this funding source is limited.
- ▶ Services include, but are not limited to:
 - ▶ Sibling Child Care Services (i.e., for one-on-one time, complete break from caregiving)
 - ▶ Recreation/Alternative Activities (e.g., camping, attendant care)
 - ▶ Specialized Diet and Nutrition (primarily for children with severe allergies)

Process



Who Qualifies?

- ▶ Funding “waived” out of institutions
- ▶ Requires Institutional Level of Care on Functional Screen
 - ▶ Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IDD): Developmental Disability
 - ▶ Psychiatric Hospital: Severe Mental Health Condition
 - ▶ Nursing Home: Physical Disability
 - ▶ Hospital: Physical Disability
- ▶ Many children in the Comprehensive Community Services (CCS) Program qualify for CLTS; however, not all who qualify for CCS meet the institutional level of care requirement.
- ▶ All CLTS participants qualify for CCOP.

What Does the Support and Service Coordinator Do?

- ▶ Provide support to the participant and their family
 - ▶ Attend meetings for CLTS and non-CLTS services, as necessary/requested
 - ▶ Advocacy
 - ▶ Transition planning
- ▶ Coordinate services for the participant and their family
 - ▶ Complete assessments and treatment plans on an ongoing basis
 - ▶ Referral to CLTS and non-CLTS services/supports
 - ▶ Provide items needed for health, safety, and/or independence
 - ▶ Manage supports, services, and care
 - ▶ Manage crisis situations, commitments, etc.



Questions?



STATEMENT OF EXPLANATION
POLICY, PRACTICE, & PEOPLE - PUBLIC HEALTH ENVIRONMENTAL
HEALTH DIVISION - SAM FLATLAND

5.3

Radon is an odorless radioactive gas that is naturally present in the ground. It is the leading cause of lung cancer in non-smokers and the 2nd leading cause of lung cancer in smokers. With January being national Radon action month, Environmental Health Coordinator Sam Flatland will share some information on the health effects, testing, and mitigation of Radon.



STATEMENT OF EXPLANATION
FRIEND OF PUBLIC HEALTH RECOGNITION - ANGIE WEIDEMAN

5.4

Public Health Director Angie Weideman recognizes the recipients of the 2023 Annual "Friend of Public Health" Award.

2023 Friend of Public Health Award
River Source Family Center and the Family Support Center

Chippewa County Department of Public Health (CCDPH) Leadership and the Professional Advisory Committee are pleased to announce River Source Family Center and the Family Support Center as the recipients of the 2023 Friend of Public Health Award.

Becce Woestman is the Parent Services Director for River Source Family Center, and Geri Segal is the Executive Director of the Family Support Center. Over the years, the River Source Family Center and the Family Support Center have been constant partners in many projects and programs with CCDPH. Becce is a member of the Public Health Professional Advisory Committee.

River Source Family Center and the Family Support Center are referral sources for families with young children that are enrolled in Public Health programs. In addition, the centers make many referrals to Community Health, WIC, and the Regional Center within the Public Health Department. They educate Public Health on gender equality language to keep our staff current with updates, so we can best serve our clients. River Source Family Center staff act as a sounding board for new projects and help develop ideas to offer innovative services for families in Chippewa County. During the COVID-19 pandemic, River Source Family Center and the Family Support Center followed best practices and altered their programming and fundraising events to ensure their staff, the families they serve, and the community were safe. They went above and beyond to ensure safety!

River Source Family Center and the Family Support Center are a testament to the mission of the Chippewa County Department of Public Health to help make Chippewa the Healthiest County to Live, Learn, Work, and Play. They really enjoy encompassing the word "Play" in their curriculum and making play available to all families!

Their dedication and commitment to the Chippewa County Department of Public Health and residents of Chippewa County reaffirm their merit in being the 2023 Friend of Public Health Award recipients.



STATEMENT OF EXPLANATION
PUBLIC HEALTH DIRECTOR'S PROGRAM AND FINANCIAL REPORT –
ANGIE WEIDEMAN

5.5

Health Officer/Public Health Director Angie Weideman provides a department program and financial report for review and discussion. With the December and January meetings cancelled due to weather, the December and January Director's Reports are also included.



Chippewa County Health and Human Services Board

Department of Public Health Angie Weideman's Director's Report

December 2022

Administration Division

As yearend approaches, the Fiscal Admin Team has been wrapping up various activities and preparing for fiscal yearend. We are working on flu billing, claiming out our grants, yearly reports, and preparing grant budgets for 2023.

We continue to support the community by scheduling vaccination appointments, assisting at the vaccination clinics, entering vaccinations into the Wisconsin Immunization Registry (WIR), and helping the public with quarantine, isolation, and vaccine questions. Along with our regular tasks, we continue to provide Breastfeeding Peer Counseling services, loaning out wheelchairs, car seat safety education, and dispersal of car seats to families in need.

Community Health Division

Phlebotomy Training

As we are looking to offer further testing options in our Reproductive Health Clinic via blood draws, we learned that our staff had little to no training in blood draws. An opportunity came through our Wisconsin Family Planning and Reproductive Health Association (WFPHRA) group for training in Phlebotomy. The training was held in Eau Claire, and five of our nurses were trained in the basic blood draw fundamentals. As Public Health Nurses, most of us have never had the opportunity to draw blood, and the team was excited about this learning opportunity. Some extended clinic offerings include hepatitis C testing, HIV follow-up testing, and syphilis testing.



Community Resilience-Chippewa Strong Event

Our team members are working to create a community resilience event with other partners in the community. Two separate events will focus on community resilience in response to the numerous tragic events in recent years. Chippewa Falls has experienced tragic events resulting in lives lost too soon, broken hearts of family and friends who grieve their losses, and more ripple effects than anyone can imagine. Tragedy after tragedy, our community has come together to help and support one another. Community resilience is the collective response to trauma, adversity, and change. A resilient community responds to crises in ways that strengthen community bonds, resources, and the ability to cope and heal together. Let's come together to strengthen our community's resilience and become Chippewa Strong together.

The purpose of event one, which will be held on January 30, 2023, is to bring the community together for an educational presentation about community resilience and ways to enhance it. To provide opportunities for small group conversations facilitated by professionals with trauma-informed approaches. To provide a safe space for our community to share the traumas experienced and journey together in building resilience.

The purpose of event two, which will be held in May 2023, is to bring the community together for a fun, positive, and energetic experience to facilitate enhanced community resilience. To provide self-care and resilience-building experiential opportunities for individuals and small groups.

More information will be shared as the event gets closer.

Communicable Disease

The Health Officer is required by Wisconsin State Statute 252.05 to report information on current communicable disease reporting and follow-up to the Health and Human Services Board. In November, we received 878 new reports: 225 confirmed (205 Coronavirus, 5 Chlamydia, 3 Influenza-Associated Hospitalization, and 1 Varicella); 44 probable (40 Coronavirus, 3 Lyme Laboratory Reports, and 1 E-Coli); and 587 that did not meet the definition of a case (519 Coronavirus, 39 Influenza-Associated Hospitalization, 6 Hepatitis A, and 5 Hepatitis C). See the attached report for further breakdown by disease type.

Environmental Health Division

With Thanksgiving wrapping up and Christmas around the corner, food safety is an important thing to remember this time of year. Nobody wants to be the reason their entire family gets sick. It is essential that leftovers are refrigerated quickly and not left out for extended periods of time. Bacteria grow rapidly between 41° F and 135° F, and we consider that the “Danger Zone.” It’s essential to keep hot foods hot, and cold foods cold, and minimize the time they spend in between.

In November, 34 routine inspections were conducted, including 10 Retail stores, 22 restaurants, and 2 tattoo/body piercing establishments. No new establishments were opened, and no re-inspections were required. Interviews were conducted for the new Environmental Health Specialist position, and the new employee will be announced in next month’s update.

Nutrition

Women, Infants, and Children (WIC) Program Updates

The U.S. Department of Health and Human Services (HHS) did not provide state governments and stakeholders with 60 days’ notice before the public health emergency declaration is set to expire. As no notice was given mid-November, the current deadline of January 11, 2023, is likely to be extended for an additional 90-day interval through mid-April 2023. WIC’s COVID-related flexibilities, including physical presence waivers, are authorized for 90 days beyond the expiration of the COVID-19 public health emergency. Therefore, extending the declaration through mid-April 2023 would extend WIC waivers through mid-July 2023.

Abbott is extending the rebates they have been offering on substitution formulas until January 31, 2023, to ensure WIC participants have continued access to high-quality, safe formulas.

WIC Management Evaluation Report

On October 20 and 27, WIC staff participated in our biennial State Management Evaluation with our Regional Nutritionist, Melissa Dunlap. We received our final report, which included commendations, one quality improvement recommendation, and two corrective actions. A response plan and timeline to correct these findings are being developed and will be submitted to the State within 30 days. We will have six months to correct any corrective actions that were found. Overall, our Management Evaluation went well and had numerous commendations for the WIC staff.

Wellness Updates

Amy and Stephanie serve as public health representatives in our county wellness workgroup, which meets monthly. The wellness workgroups vision and mission are as follows:

Vision: To build a culture of health and wellness for Chippewa County

Mission: ICE

- ❖ **Inspire** transformation
- ❖ **Create** healthy environments
- ❖ **Empower** employees

Health Assessment/Biometric Screenings will be offered again this year free of charge to employees and spouses. These are planned at both the Courthouse and Highway in December. We will also be holding our annual Holiday Luncheon and donation drive for the Hope Village in December.

Western Regional Center (WRC)

Last month, the Western Regional Center experienced our highest number of Children's Waiver/Comprehensive Community Services intakes ever in all the years that WRC has been Chippewa County's Single Point of Access for children with special needs. The trajectory has steadily, then rapidly been climbing for the past seven years. As of November 29, we have reached 20-plus referrals for the second month in a row. As a result of this massive increase in referrals, it has been "all hands on deck" (all three WRC staff are working on these) to ensure that these intakes are processed promptly. Each intake, on average, requires 4-6 hours to process, which includes a family interview to begin an intake, obtaining signed releases of information from the family so that we can obtain medical and school records, faxing out signed releases of information to clinics and schools, providing HIPAA information verbally and in writing to parents, completing several other documents, entering information into various databases, notifying the Children's Long-Term Support Unit of the basic information and status of each referral, and later keeping track of where we are at regarding receiving the requested records so that we can proceed to the Functional Screen to determine eligibility.

In other news, the Western Regional Center participated in some significant regional events in November. Dawn provided a Saturday training event for parents of youth with mental health issues at the Polk County Parent University in Frederic, WI, and also had an informational booth for the day. This training was well-received, although the turnout was lower than anticipated.

On the evening of 11/09/22, Dawn and Savannah provided a parent training and resource event at the newly-renovated (and beautiful) Eau Claire Public Library. This event was a lot of fun and went exceptionally well. Every parent, who participated in this event, would be considered a seasoned parent of a child with special needs. Every parent in attendance also identified that they had learned things they did not know. Such feedback is priceless and confirms that what we do is making a difference in the lives of families with children who have special needs.

Years of Service

CONGRATULATIONS to the following staff for their hard work and dedication to providing great customer service to the citizens of Chippewa County.

- ❖ Lori Moe, COVID-19 Disease Investigator – 2 years





Chippewa County Health and Human Services Board

Department of Public Health Angie Weideman's Director's Report

January 2023

Administration Division

With the year wrapping up, the Public Health Fiscal Admin team has been finalizing flu billing, PNCC, and Bridges billing. We also have been working on our yearly reports, claiming out our grants, and year-end journal entries for 2022. We have been preparing for 2023 by setting up reoccurring meetings, documents, and other items to help make 2023 a success.

Along with our regular tasks, we continue to provide Breastfeeding Peer Counseling services, loaning out wheelchairs, car seat safety education, and dispersal of car seats to families in need. We continue to support the community by scheduling vaccination appointments, assisting at the vaccination clinics, entering vaccinations into the Wisconsin Immunization Registry (WIR), and helping the public with various quarantine, isolation, and vaccine questions.

Community Health Division

As the year is coming to an end, the team is finishing up grant work for the year and starting to plan for next year. We are excited about some new programs and some old programs getting back up and running! Beginning in January, we will work with the Cadott and Cornell school districts to bring Healthy U programming to their upper elementary and middle school students. This program will use the Mindful School curriculum to teach students about mindfulness practices to help with anxious behaviors. Another new program is in our reproductive health clinic, where we will have a nurse practitioner on-site monthly. This will provide access to annual exams, implantable birth control, and expand sexually transmitted infection exams. We look forward to returning to Cornell High School to provide onset reproductive health services onsite for interested students.

Our department and many other organizations have been planning a resiliency event series in Chippewa Falls. The series is designed to address the many tragic events that have occurred in our community and how to help individuals and our community heal from these events. The first event is planned for January 30 at the Heyde Center. This event will feature Denise Olsen, a 9/11 widow that has made it her life work to help communities heal from traumatic events. Following her presentation, there will be facilitated conversations on resiliency and what the next steps should be. This will help plan the May 5 event at the Northern Wisconsin State Fairgrounds. The second event will focus on being light-hearted family fun with opportunities to practice different stress relief activities such as yoga, dance therapy, equine therapy, and many others. For more information, check out the website dedicated to the series: <https://chippewastrong-chipcogis.hub.arcgis.com/>.

Communicable Disease

The Health Officer is required by Wisconsin State Statute 252.05 to report information on current communicable disease reporting and follow-up to the Health and Human Services Board. In December, we received 1113 new reports: 236 confirmed (186 Coronavirus, 26 Influenza-Associated Hospitalization, and 14 Chlamydia); 42 probable (40 Coronavirus and 2 Lyme Laboratory Reports); and 785 that did not meet the definition of a case (663 Coronavirus, 91 Influenza-Associated Hospitalization, 9 Hepatitis C, and 4 Hepatitis A). See the attached report for further breakdown by disease type.

I have included the 2022 communicable disease year-end report to review. I have also included the 2021 year-end report to compare 2022 to 2021. Of importance, our confirmed cases of COVID were 6,546 in 2022 and 7,268 in 2021. Covid was our highest communicable disease in 2022. Chlamydia was the second highest of reportable communicable diseases; we had 130 cases in 2022 and 146 cases in 2021. The good news is that cases did go down a little bit. We had 14 fewer Gonorrhea cases in 2022 compared to 2021. Sadly, in 2022, we saw an increase in total gastrointestinal illnesses including salmonella, cryptosporidiosis, E-Coli, and campylobacteriosis, which could have been the result of unsafe food handling, and animal or water exposure.

Environmental Health Division

The Environmental Health Division is very excited to be growing. On January 9 we will welcome our newest staff member, Kristen Walters, to the Environmental Health Team. Kristen has been an Environmental Health Specialist with the Rusk County Health Department for the past eight years and brings a wealth of knowledge and information along with her. By adding an additional staff member, the Environmental Health team



will now be taking on the Transient Non-Community Well Water monitoring program from the DNR that Planning/Zoning administered in the past. We will also be setting up a water testing laboratory starting with bacteria testing and hopefully expanding into nitrate and beach water testing.

We had our first annual Department Safety & Professional Services (DSPS) review of our Body Art inspection program in December. It went well overall. They just recommended updating some policies and procedures. There were 36 inspections conducted in December, including 13 routine retail establishments plus 1 retail complaint inspection, 12 routine restaurant inspections plus 2 complaint inspections, 5 lodging inspections, 2 pool inspections, 1 body art facility inspection, and the pre-inspection of Cornell Express (new ownership). Four Human Health Hazard complaints were also followed up by Environmental Health staff.

Nutrition

Women, Infants, and Children (WIC) Program Updates

The U.S. Department of Health and Human Services (HHS) did not provide state governments and stakeholders with 60 days' notice before the public health emergency declaration is set to expire. As no notice was given mid-November, the current deadline of January 11, 2023, is likely to be extended for an additional 90-day interval through mid-April 2023. WIC's COVID-related flexibilities – including physical presence waivers – are authorized for 90 days beyond the expiration of the COVID-19 public health emergency. Therefore, extending the declaration through mid-April 2023 would extend WIC waivers through mid-July 2023.

Abbott is extending the rebates they have been offering on substitution formulas until February 28, 2023, to ensure WIC participants have continued access to high-quality, safe formulas. This will likely be the last extension on substitute formulas. Rebates will also be extended for alternate sizes and forms of Similac products through April 30, 2023.

Updated WIC Clinic Schedule

A letter went out to all WIC-enrolled families to update them on the change in our WIC clinics heading into 2023. WIC clinics will now be on Mondays, Tuesdays, and Thursdays, with Wednesdays and Fridays being office days and other grant work time. Like other courthouse staff, Nutrition staff will not regularly be available after 11:30 am on Fridays. Staff will work with families if no appointment day or time fits their schedule.



The WIC food package has not had major updates since 2009, when fruits and vegetables, and whole grains were added to the food package.

In 2017, the National Academies of Sciences, Engineering, and Medicine (NASEM) issued a final report that analyzed the WIC food packages and made independent, science-based recommendations. The report prioritized more balanced issuance across food categories as a strategy to improve the intake of priority nutrients and promote a more excellent choice among healthy foods.

The USDA wants your feedback on the proposed changes to the WIC food package. See the highlights of the proposed changes [here](#). We invite you to [submit your comments](#) by February 21, 2023.

WIC Management Evaluation Report

On October 20 and 27, WIC staff participated in our biennial State Management Evaluation with our Regional Nutritionist, Melissa Dunlap. We received our final report, which included commendations, one quality improvement recommendation, and two corrective actions. A response plan and timeline to correct these findings were submitted to the State. We will have six months to correct any corrective actions that were found. Overall, our Management Evaluation went well and had numerous commendations for the WIC staff.

Farmers Market Nutrition Program (FMNP) Update

Our 2022 FMNP season came to an end on October 31. Each eligible WIC participant could elect to receive \$30 worth of vouchers to use from June 1 – October 31 to utilize at an authorized farmers market or farm stand. The Farmers Market Nutrition Program not only increases our families' access to fresh fruits and vegetables but also supports our local farmers.

Chippewa County WIC-enrolled families utilized the WIC Farmers Market Nutrition Program benefits to purchase \$9,102 of Wisconsin locally-grown fresh fruits, vegetables, and herbs. Chippewa continues to be above the state average for the percentage of vouchers redeemed. Chippewa County participants redeemed 47% of their FMNP vouchers compared with 36% at the State level. Redemption rates for 2022 were slightly lower compared with 2021. In 2022, the Farmers Market Nutrition Program generated about \$9,700 in revenue for our Chippewa County-authorized farmers.

Wellness Updates

Amy and Stephanie serve as public health representatives in our county wellness workgroup, which meets monthly. The wellness workgroup's vision and mission are as follows:

Vision: To build a culture of health and wellness for Chippewa County

Mission: ICE

- ❖ **Inspire** transformation
- ❖ **Create** healthy environments
- ❖ **Empower** employees

Health Assessment/Biometric Screenings were again offered this year free of charge to employees and spouses. These were held in December at both the Courthouse and Highway shop.

Employees enjoyed our annual Holiday Luncheon and donation drive for the Hope Village in December. We were able to donate 271 non-perishable items and \$895.00!



Happy New Year from the Nutrition Staff!

Western Regional Center (WRC)

Dawn and Savannah met with Prairie Ridge School/Early Learning Center staff in Eau Claire to share information about the WRC. This was very well-received, and we anticipate future partnerships with this school. Prairie Ridge is a significant school for younger children with special needs in the Eau Claire/Chippewa County area, and many of the children we serve attend this school.

Dawn and Savannah continue to meet with the Marketing team from the Parenting Place in La Crosse. They are working out our plan for a significant multicultural event and resource fair for families in La Crosse, Trempealeau, Jackson, and Monroe Counties in the spring of 2023.

The UW-Eau Claire Social Work Intern, Christopher Kjenvet, has completed his semester internship with us. He has applied for two positions at the Chippewa County Department of Human Services and expressed that he gained valuable experience working at Chippewa County these past several months.

Dawn met with our new State leadership team in December. Michelle Lund is the new State CYSHCN (Children and Youth with Special Health Care Needs) Director, and Julie Theil is the new CYSHCN Unit Supervisor. In recent weeks, some significant changes have been made at the State level; the Statewide Regional Center Coordinator position (Becky Burns) has been eliminated. Also, Wisconsin Well Badger is no longer part of our CYSHCN network starting in 2023, and Parent to Parent of Wisconsin is no longer part of our network. Waisman Center in Madison was awarded the parent mentor grant for 2023-2025 and is developing a new program that the network partners may utilize to connect parents with peer supports.

Dawn met with the new State leadership in December. As a person who grew up in and has lived and worked most of her life in northwestern Wisconsin, she wanted to ensure that the new State leaders understand and recognize that our region is unique. The needs of our families in these northwestern 18 counties are different from the urban Southeast and Southern Regions and our very rural Northern Region. The WRC is committed to maintaining a regional focus to serve families best. We have outstanding medical professionals in our communities and many fantastic agencies, resources, and

supports at the local levels. As it turns out, Michelle grew up in Marshfield, WI, and Julie Theil lived in Eau Claire and Minneapolis for some time. Both are committed to maintaining a regional model of support to ensure that our families do not fall through the cracks that sometimes occur in the State system.

Years of Service



CONGRATULATIONS to the following staff for their hard work and dedication to providing excellent customer service to the citizens of Chippewa County.

- ❖ Sarah McQuillan, Fiscal Manager – 4 years
- ❖ Carol Lendle, COVID Registered Nurse LTE – 2 years



Chippewa County Health and Human Services Board

Department of Public Health Angie Weideman's Director's Report

February 2023

Administration Division

The Fiscal Admin team has been preparing to make 2023 another successful year. We continue to loan out wheelchairs, provide Breastfeeding Peer Counseling services, provide car seat safety education, and disperse car seats to families in need. We continue to support the community by scheduling appointments and assisting at vaccine clinics.

Outside our reoccurring duties, we have been wrapping up billing, yearend, and reconciling accounts. We are working on getting the Doris Vennard Scholarship application forms updated and distributed to schools for candidates to apply. The Doris Vennard Scholarship was established with funds left by Doris Vennard for worthy and in-need Chippewa County High School graduates who will be pursuing a one to four-year degree in nursing.

Community Health Division

Childcare and School Immunization Updates

For the first time since 2008, Wisconsin Admin. Code Ch. DHS 144, Immunization of Students, which outlines immunization requirements for child care centers and school entry, is now updated to better align with national vaccine recommendations. Childcare requirements are effective February 1, 2023, while implementation of the revised school entry requirements will start with the 2023-2024 school year. Staff is working with schools and daycares to ensure they are aware of the changes. We are encouraging schools to send items to parents with the information in the chart below.

Comparison of Wisconsin school-required vaccines prior to the 2023-2024 school year compared to vaccine requirements starting in the 2023-2024 school year

Quick Guide	
Previous requirements	School requirements starting in the 2023-2024 school year
For entry to kindergarten through sixth grades students need: • 4 doses of polio vaccine • 3 doses of hepatitis B • 4 doses of DTaP/DTP/DT/TD • 2 doses of varicella (chicken pox), • 2 doses of MMR • 1 Tdap at sixth grade	For entry to kindergarten through sixth grades students need: • 4 doses of polio vaccine • 3 doses of hepatitis B • 4 doses of DTaP/DTP/DT/TD • 2 doses of varicella (chickenpox)* • 2 doses of MMR For entry to 7-11th grades • 1 Tdap • 1 MenACWY-containing vaccine For entry to 12th grade • 1 MenACWY-containing booster

Change is Coming!

I, Kristen Kelm, Community Health Division Manager, will be leaving the department at the end of February. Serving Chippewa County for almost ten years has been a true honor. The department has seen many changes in those ten years and will see many changes in the future as well. I want to thank the whole department and Angie for all the support in the past years. CCDPH is truly a great place to work and truly cares for the citizens of Chippewa County.



Communicable Disease

The Health Officer is required by Wisconsin State Statute 252.05 to report information on current communicable disease reporting and follow-up to the Health and Human Services Board. In December, we received 708 new reports: 185 confirmed (163 Coronavirus, 11 Chlamydia, and 8 Influenza-Associated Hospitalization); 47 probable (43 Coronavirus and 4 Lyme Laboratory Reports); and 449 that did not meet the definition of a case (417 Coronavirus, 10 Influenza-Associated Hospitalization, 8 Hepatitis C, and 5 Hepatitis A). See the attached report for further breakdown by disease type.

Environmental Health Division

The Environmental Health team has grown to three members as Kristen Walters started on January 9. Since Kristen's arrival, we have been working hard at getting started with the Transient Non-Community (TN) Well Water Monitoring program. Kristen will be the lead for this program, and we anticipate that she will split her time 50/50 between the TN program and performing FSRL inspections.

In January, 38 facility inspections were conducted. This included routine inspections at 12 restaurants, 10 retail locations, 8 lodging establishments, and 1 public pool. This also included 2 complaint inspections, 3 re-inspections, and the pre-inspection/licensing of Badger Hole (Bloomer) and Roadhouse Bar & Grill (New Auburn).

Nutrition

Women, Infants, and Children (WIC) Program Updates

The Biden administration declared that the Public Health Emergency Declaration will end on May 11, 2023, which means WIC waivers that have been in place since 2020, will end on August 9. We await further direction from the USDA and the State WIC office on the next steps regarding what WIC services will look like moving forward.

Formula Recall and Shortage Update

From now through February 28, 2023, participants can buy **all substitute sizes and brands of formula** on the Wisconsin WIC Approved Formula Substitutions.

From March 1, 2023, through April 30, 2023, participants can buy **alternate sizes and forms of Similac formula** on the Wisconsin WIC Approved Formula Substitutions List.

On May 1, 2023, and moving forward, participants can only buy **WIC-sized Similac formulas**.

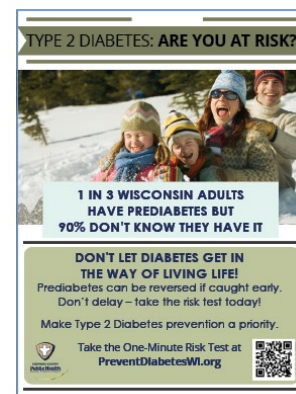
WIC 2022 Year in Review

- 1,241 Unduplicated participants served
- 2,242 Registered dietitian visits
- 89 women received support from our breastfeeding peer counselor, resulting in 250 contacts
- 82.5% of WIC-enrolled infants began breastfeeding at birth, and 41.5% continued to breastfeed for six months or longer
- \$619,849.68 in WIC foods purchased from Chippewa County grocery stores and special pharmacy vendors
- \$9,102 redeemed in Farmers Market Nutrition Program vouchers

Diabetes Grant Update

Work with our two UW Stout dietetic practicum students has wrapped up. We worked collaboratively with the Chippewa Health Improvement Partnership (CHIP) Chronic Disease Prevention Action Team, Dunn, and Eau Claire Counties, to create a one-page flyer on prediabetes awareness, encouraging the community to take the diabetes risk test. Twelve hundred flyer copies were distributed to food resources and community tables in Chippewa, Dunn, and Eau Claire Counties. This flyer will also be given to everyone participating in the On the Go in the Snow: Chippewa Winter Challenge.

Chippewa partnered with REALiving, Chippewa County's Employee Achievement Program, to again have an ad in their quarterly magazine for prediabetes awareness promotion.



ForwardHealth Grant

Extra FoodShare COVID-19 pandemic benefits will be ending in February 2023. Though the Public Health Emergency is still in effect, the federal government has passed a bill to end the policy of continuous Medicaid eligibility beginning April 1, 2023. Members currently on BadgerCare or Medicaid will continue to have coverage and will be notified when their renewal will happen. Members are encouraged to keep their contact information updated through the MyACCESS app. Pangya has been at the Chippewa Valley High School, talking with students who are close to or have turned 18 years old about health insurance and other programs they may be eligible to apply for.



Go Chippewa County and Chippewa Health Improvement Partnership (CHIP) are teaming up to encourage healthy cold weather habits. Win prizes while enjoying the beauty of Chippewa County this winter! It's as easy as spending at least 30 minutes engaged in some type of outdoor physical activity in Chippewa County between January 1 and March 31, 2023! Everyone who enters will win an On the Go in the Snow: Chippewa Winter Challenge sticker and be entered to win some amazing prizes.

Scan below or visit www.gochippewacounty.com to learn more and enter the Challenge.



Western Regional Center (WRC)

The Western Regional Center's End of Year Report was submitted to the State Department of Health Services in January. We met all deliverables outlined in our 2022 work plan and exceeded in several areas.

The top news from the WRC for January is that we received 29 Children's Waiver/Comprehensive Community Services (CCS) intakes. We had hoped it was an anomaly in October and November when we had 20 intakes each month. While not all of these intakes come to fruition for a variety of reasons, most of them do. There are a significant number of cases heading toward the Children's Long-Term Support (CLTS) unit in the coming months as we complete these referrals and determine eligibility for CLTS programs.

Years of Service



CONGRATULATIONS to the following staff for their hard work and dedication to providing excellent customer service to the citizens of Chippewa County.

- ❖ Audra Knowlton, Administrative Assistant – 23 years
- ❖ Stephanie Abbe, Nutrition Division Manager – 21 years
- ❖ Nicole Clements, Drug-Free Communities Project Coordinator – 3 years

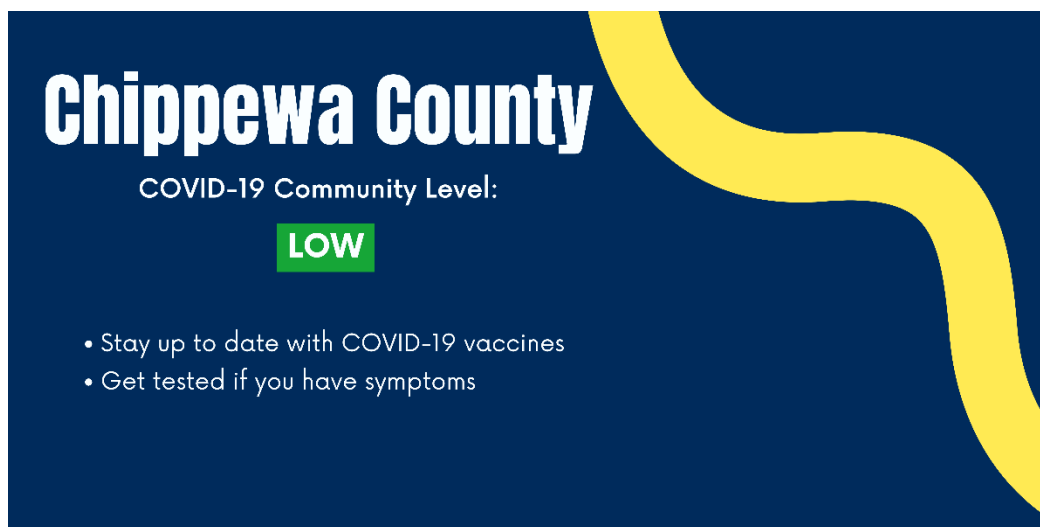
Chippewa County COVID-19 Update

COVID-19 Community Level

The CDC COVID-19 Community Levels metrics are designed to help minimize the impact COVID-19 has on our health care systems, while also protecting those who are most at risk of severe illness.

Chippewa County's community level is currently low. The COVID-19 Community Level and associated metrics presented are updated weekly on Thursday.

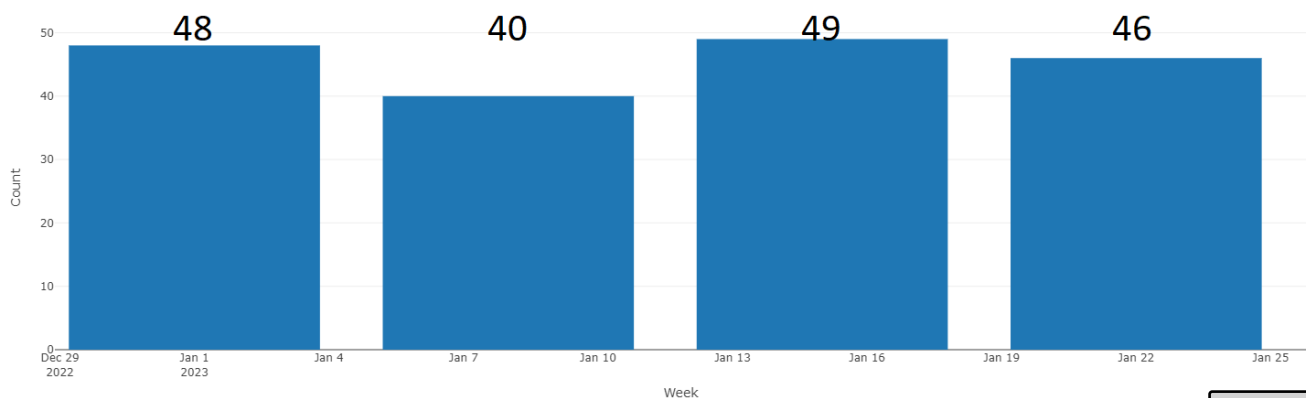
- COVID-19 hospital admissions per 100,000 population: 5.5
- The average percent of staffed inpatient beds occupied by COVID-19 patients: 2.8%
- COVID-19 cases per 100,000 population: 80.42



COVID-19 Case Update

COVID-19 case counts in Chippewa County over the past 4 weeks, shown in the graph. There was a total of 183 cases.

- Week of January 1: 48
- Week of January 8: 40
- Week of January 15: 49
- Week of January 22: 46





**Wisconsin Department of Health Services
Division of Public Health
PHAVER - WEDSS**

County Board of Health Report

Jurisdiction: Chippewa County

Received Date: 1/1/2023 to 1/31/2023

Disease	Confirmed	Probable	Suspect	Not A Case	Total
CORONAVIRUS, NOVEL 2019 (COVID-19)	163	43	4	417	627
INFLUENZA-ASSOCIATED HOSPITALIZATION	8	0	1	10	19
CHLAMYDIA TRACHOMATIS INFECTION	11	0	3	0	14
HEPATITIS C, CHRONIC	0	0	1	8	9
HEPATITIS A	0	0	3	5	8
HEPATITIS B, CHRONIC	0	0	4	1	5
LYME LABORATORY REPORT	0	4	0	1	5
VARICELLA (CHICKENPOX)	0	0	2	1	3
E-COLI, ENTEROPATHOGENIC (EPEC)	0	0	2	0	2
GONORRHEA	2	0	0	0	2
HISTOPLASMOSIS	0	0	1	1	2
RUBELLA	0	0	0	2	2
STREPTOCOCCAL DISEASE, INVASIVE, GROUP B	0	0	0	2	2
CAMPYLOBACTERIOSIS	0	0	1	0	1
COCCIDIOIDOMYCOSIS	0	0	0	1	1
E-COLI, SHIGA TOXIN-PRODUCING (STEC)	0	0	1	0	1
GIARDIASIS	0	0	1	0	1
PARAPERTUSSIS	1	0	0	0	1
SALMONELLOSIS	0	0	1	0	1
STREPTOCOCCAL DISEASE, INVASIVE, GROUP A	0	0	1	0	1

Disease	Confirmed	Probable	Suspect	Not A Case	Total
SYPHILIS REACTOR	0	0	1	0	1
Total	185	47	27	449	708

Default Filters: 'State' EQUAL TO 'WI'



**Wisconsin Department of Health Services
Division of Public Health
PHAVER - WEDSS**

County Board of Health Report

Jurisdiction: Chippewa County

Received Date: 1/1/2022 to 12/31/2022

Disease	Confirmed	Probable	Suspect	Not A Case	Total
CORONAVIRUS, NOVEL 2019 (COVID-19)	6546	673	52	12060	19331
INFLUENZA-ASSOCIATED HOSPITALIZATION	34	0	33	206	273
LYME LABORATORY REPORT	0	97	5	56	158
CHLAMYDIA TRACHOMATIS INFECTION	130	0	0	1	131
HEPATITIS C, CHRONIC	10	4	3	54	71
INFLUENZA	57	0	1	6	64
E-COLI, ENTEROPATHOGENIC (EPEC)	8	8	36	1	53
HEPATITIS A	0	0	1	44	45
GONORRHEA	40	0	0	4	44
HEPATITIS B, CHRONIC	0	2	4	27	33
CAMPYLOBACTERIOSIS	14	3	11	3	31
LYME DISEASE, ERYTHEMA MIGRANS (EM) RASH	5	0	0	21	26
SYPHILIS REACTOR	0	0	4	15	19
STREPTOCOCCUS PNEUMONIAE, INVASIVE DISEASE	7	0	3	8	18
SALMONELLOSIS	10	6	1	0	17
STREPTOCOCCAL DISEASE, INVASIVE, GROUP B	2	0	2	11	15
ANAPLASMOSIS, A. phagocytophilum	1	1	1	11	14
CARBON MONOXIDE POISONING	8	2	2	1	13
VARICELLA (CHICKENPOX)	2	0	1	9	12
CRYPTOSPORIDIOSIS	6	0	2	2	10

Executed: 1/3/2023 8:35:04 AM

Page 1 of 3

Attachment: 2022 CD Year End Report (7551 : Public Health Director's Program and Financial Report – Angie Weideman)

Disease	Confirmed	Probable	Suspect	Not A Case	Total
E-COLI, ENTEROTOXIGENIC (ETEC)	0	2	8	0	10
GIARDIASIS	5	0	1	2	8
MYCOBACTERIAL DISEASE (NON-TUBERCULOUS)	8	0	0	0	8
ORTHOPOXVIRUS, MONKEYPOX	0	0	0	8	8
BABESIOSIS	3	0	0	4	7
E-COLI, SHIGA TOXIN-PRODUCING (STEC)	2	5	0	0	7
METHICILLIN- or OXICILLIN RESISTANT S. AUREUS (MRSA/ORSA)	0	0	0	7	7
HAEMOPHILUS INFLUENZAE, INVASIVE DISEASE	0	0	0	6	6
TUBERCULOSIS, LTBI - LABORATORY RESULTS ONLY	1	0	2	3	6
STREPTOCOCCAL DISEASE, INVASIVE, GROUP A	3	1	0	1	5
YERSINIOSIS	0	2	3	0	5
AFB SMEAR	0	0	1	3	4
VANCOMYCIN-RESISTANT ENTEROCOCCI (VRE)	1	0	0	3	4
BLASTOMYCOSIS	0	0	1	2	3
MEASLES (RUBEOLA)	0	0	0	3	3
PLESIOMONAS INFECTION	0	0	1	2	3
TOXOPLASMOSIS	0	1	1	1	3
TUBERCULOSIS, LATENT INFECTION (LTBI)	0	0	3	0	3
ARBOVIRAL ILLNESS, WEST NILE VIRUS, Unspecified	0	0	0	2	2
BORRELIOSES, BORRELIA MIYAMOTOI	2	0	0	0	2
CYCLOSPORIASIS	1	1	0	0	2
ORTHOPOXVIRUS, UNSPECIFIED	0	0	0	2	2
PERTUSSIS (WHOOPING COUGH)	0	0	0	2	2
RUBELLA	0	0	0	2	2

Disease	Confirmed	Probable	Suspect	Not A Case	Total
SHIGELLOSIS	1	1	0	0	2
SYPHILIS, PRIMARY	0	2	0	0	2
SYPHILIS, SECONDARY	0	2	0	0	2
SYPHILIS, UNKNOWN DURATION OR LATE	0	2	0	0	2
TRANSMISSIBLE SPONGIFORM ENCEPHALOPATHY (TSE)	0	0	1	1	2
ARBOVIRAL ILLNESS, JAMESTOWN CANYON, Unspecified	0	0	1	0	1
BLUE-GREEN ALGAE (CYANOBACTERIA) AND CYANOTOXIN POISONING	0	0	1	0	1
CARBAPENEMASE PRODUCING ORGANISM (CPO)	0	0	0	1	1
EHRlichiosis, E. chaffeensis	0	0	0	1	1
EHRlichiosis/ANAPLASMOSIS, undetermined	0	0	0	1	1
HEPATITIS C, ACUTE	1	0	0	0	1
HEPATITIS C, PERINATAL	0	0	0	1	1
HEPATITIS C, SUSPECTED REINFECTION - CHRONIC	0	0	1	0	1
HISTOPLASMOSIS	0	1	0	0	1
Q FEVER, unspecified	0	0	1	0	1
Total	6908	816	188	12598	20510

Default Filters: 'State' EQUAL TO 'WI'



**Wisconsin Department of Health Services
Division of Public Health
PHAVER - WEDSS**

County Board of Health Report

Jurisdiction: Chippewa County

Received Date: 1/1/2021 to 12/31/2021

Disease	Confirmed	Probable	Suspect	Not A Case	Total
CORONAVIRUS, NOVEL 2019 (COVID-19)	7268	476	329	16594	24667
LYME LABORATORY REPORT	7	0	185	1	193
CHLAMYDIA TRACHOMATIS INFECTION	146	0	0	3	149
PERTUSSIS (WHOOPING COUGH)	0	0	0	90	90
CORONAVIRUS, NOVEL 2019 (COVID-19) REINFECTION INVESTIGATION	1	6	66	3	76
HEPATITIS C, CHRONIC	10	0	9	39	58
INFLUENZA	55	0	1	0	56
GONORRHEA	54	0	0	1	55
E-COLI, ENTEROPATHOGENIC (EPEC)	31	1	16	0	48
LYME DISEASE (B.BURGDORFERI)	16	9	5	5	35
STREPTOCOCCAL DISEASE, INVASIVE, GROUP B	10	0	1	23	34
ANAPLASMOSIS, A. phagocytophilum	6	3	5	14	28
CAMPYLOBACTERIOSIS	12	6	5	2	25
INFLUENZA-ASSOCIATED HOSPITALIZATION	3	0	7	15	25
HEPATITIS B, CHRONIC	1	1	8	12	22
GIARDIASIS	10	0	6	1	17
CRYPTOSPORIDIOSIS	13	0	1	1	15
TUBERCULOSIS, LTBI - LABORATORY RESULTS ONLY	1	0	4	9	14
VARICELLA (CHICKENPOX)	1	0	2	11	14

Disease	Confirmed	Probable	Suspect	Not A Case	Total
MEASLES (RUBEOLA)	0	0	1	9	10
E-COLI, SHIGA TOXIN-PRODUCING (STEC)	4	4	1	0	9
SYPHILIS REACTOR	0	0	0	9	9
METHICILLIN- or OXICILLIN RESISTANT S. AUREUS (MRSA/ORSA)	4	0	0	4	8
BABESIOSIS	1	0	2	4	7
E-COLI, ENTEROTOXIGENIC (ETEC)	3	1	3	0	7
MYCOBACTERIAL DISEASE (NON-TUBERCULOUS)	7	0	0	0	7
SALMONELLOSIS	3	3	0	1	7
TUBERCULOSIS, LATENT INFECTION (LTBI)	0	0	3	4	7
CARBON MONOXIDE POISONING	1	0	1	4	6
HAEMOPHILUS INFLUENZAE, INVASIVE DISEASE	0	0	0	6	6
HEPATITIS A	0	0	1	4	5
STREPTOCOCCAL DISEASE, INVASIVE, GROUP A	2	0	1	2	5
BLASTOMYCOSIS	1	0	1	2	4
STREPTOCOCCUS PNEUMONIAE, INVASIVE DISEASE	2	0	1	1	4
SYPHILIS, UNKNOWN DURATION OR LATE	2	2	0	0	4
TOXOPLASMOSIS	1	0	1	2	4
UNKNOWN DISEASE	0	0	0	4	4
BRUCELLOSIS	0	0	0	3	3
HISTOPLASMOSIS	1	0	2	0	3
PARAPERTUSSIS	0	0	0	3	3
YERSINIOSIS	3	0	0	0	3
CYCLOSPORIASIS	2	0	0	0	2
HEPATITIS E, ACUTE	0	0	0	2	2
LEGIONELLOSIS	2	0	0	0	2

Disease	Confirmed	Probable	Suspect	Not A Case	Total
MULTISYSTEM INFLAMMATORY SYNDROME IN CHILDREN (MIS-C)	2	0	0	0	2
RUBELLA	0	0	0	2	2
VANCOMYCIN-RESISTANT ENTEROCOCCI (VRE)	1	0	1	0	2
ARBOVIRAL ILLNESS, JAMESTOWN CANYON, NEUROINVASIVE	1	0	0	0	1
ARBOVIRAL ILLNESS, WEST NILE VIRUS, Unspecified	0	0	0	1	1
COCCIDIOIDOMYCOSIS	0	0	1	0	1
E-COLI, ENTEROINVASIVE (EIEC) / SHIGELLOSIS	0	1	0	0	1
EHRlichiosis, E. chaffeensis	0	0	0	1	1
HEPATITIS C, ACUTE	1	0	0	0	1
INFLUENZA-NOVEL INFLUENZA A	0	0	0	1	1
PLESIOMONAS INFECTION	1	0	0	0	1
SHIGELLOSIS	0	0	0	1	1
SPOTTED FEVER GROUP RICKETTSIOSIS, UNDETERMINED	0	0	0	1	1
SYPHILIS, PRIMARY	1	0	0	0	1
TRANSMISSIBLE SPONGIFORM ENCEPHALOPATHY (TSE)	0	0	1	0	1
TUBERCULOSIS	0	0	0	1	1
TYPHUS FEVER	0	0	0	1	1
VIBRIOSIS, NON CHOLERA	0	1	0	0	1
Total	7691	514	671	16897	25773

Default Filters: 'State' EQUAL TO 'WI'

Public Health Financial Results: December 2022 Unaudited



CHIPPEWA COUNTY
Public Health
Prevent. Promote. Protect.

Fund	Description	Revenue			Expense		
		Budget	Actual	% Collected	Budget	Actual	% Spent
54100	Community Health	\$ (706,490.00)	\$ (723,091.54)	102.3%	\$ 706,490.00	\$ 566,133.50	80.1%
54121	Nurse Family Partnership	(119,269.00)	(100,070.52)	83.9%	119,269.00	115,993.50	97.3%
54123	Farmers Market	(3,871.00)	(4,017.98)	103.8%	3,871.00	4,424.27	114.3%
54125	Prenatal Care Coordination	(63,686.00)	(36,658.25)	57.6%	63,686.00	23,259.65	36.5%
54127	Healthy U	-	(7,300.02)	0.0%	-	15,063.82	0.0%
54128	Public Health Preparedness	(49,188.00)	(62,470.28)	127.0%	49,188.00	65,004.02	132.2%
54132	Drug Free Community Grant	(132,814.00)	(143,087.83)	0.0%	132,814.00	131,858.66	0.0%
54135	Bright Start River Source	(10,594.00)	(18,183.06)	171.6%	10,594.00	12,210.66	115.3%
54140	WIC	(409,779.00)	(339,069.31)	82.7%	409,779.00	338,523.81	82.6%
54142	Maternal & Child Health Program	(27,664.00)	(19,694.48)	71.2%	27,664.00	28,834.09	104.2%
54144	Wisconsin Wins	(4,614.00)	(5,995.90)	130.0%	4,614.00	5,844.19	126.7%
54148	COVID Workforce	-	(22,079.00)	0.0%	-	33,266.89	0.0%
54149	Pre-Venture	(20,037.00)	(4,934.52)	24.6%	20,037.00	9,206.34	45.9%
54150	Prevention	(8,951.00)	(8,240.04)	92.1%	8,951.00	11,191.97	125.0%
54151	Equipment Loan Closet	(6,943.00)	(3,469.07)	0.0%	6,943.00	5,315.62	0.0%
54152	Western Regional Center	(189,752.00)	(195,281.61)	102.9%	189,752.00	216,834.49	114.3%
54154	Title X Reproductive Health	(14,766.00)	(21,292.30)	0.0%	14,766.00	57,209.15	0.0%
54156	FIT WIC	(37,178.00)	(41,509.42)	111.7%	37,178.00	42,028.34	113.0%
54157	Reproductive Health	(54,091.00)	(44,265.01)	81.8%	54,091.00	47,544.16	87.9%
54158	WIC BF Peer Counseling	(14,720.00)	(14,279.12)	97.0%	14,720.00	19,559.92	132.9%
54159	Diabetes Grant	(15,863.00)	(11,681.92)	0.0%	15,863.00	13,948.21	0.0%
54161	Health Clinics	(34,334.00)	(23,005.14)	67.0%	34,334.00	20,304.59	59.1%
54162	COVID Vaccine	(11,346.00)	(28,970.62)	255.3%	11,346.00	32,237.93	284.1%
54163	Overdose Fatality Review	(36,958.00)	(30,727.18)	0.0%	36,958.00	42,449.70	0.0%
54164	COVID Contact Tracing	(99,790.00)	(370,869.79)	0.0%	99,790.00	354,513.12	0.0%
54165	GYT - Get Yourself Tested	(2,083.00)	(1,619.64)	77.8%	2,083.00	2,025.16	97.2%
54171	Food Safety Recreation License	(257,236.00)	(286,336.80)	111.3%	257,236.00	260,213.65	101.2%
54172	Infant Immunization Grant	(16,088.00)	(17,000.72)	105.7%	16,088.00	17,351.77	107.9%
54173	Early Hearing Detection & Prev	(112,735.00)	(53,211.54)	47.2%	112,735.00	47,369.30	42.0%
54174	Forward Health Outreach	(21,318.00)	(21,324.62)	100.0%	21,318.00	19,946.15	93.6%
54176	Environmental Health	(24,525.00)	(24,604.42)	0.0%	24,525.00	37,071.01	0.0%
54180	DHS Agreement	(109,061.00)	(81,695.15)	74.9%	109,061.00	102,551.71	94.0%
54182	HCET (Health Care, Ed & Tr)	(7,796.00)	(425.46)	5.5%	7,796.00	425.46	5.5%
54184	Childhood Lead Poisoning Prev.	(9,930.00)	(7,378.38)	74.3%	9,930.00	9,118.26	91.8%
54186	Charity Outreach Program	(500.00)	-	0.0%	500.00	39.98	8.0%
54190	Public Health Donation Expendi	(1,000.00)	(314.00)	31.4%	1,000.00	-	0.0%
		\$ 2,634,970.00	\$ 2,773,503.21	105.3%	\$ 2,634,970.00	\$ 2,710,308.24	102.9%

Public Health Financial Results:

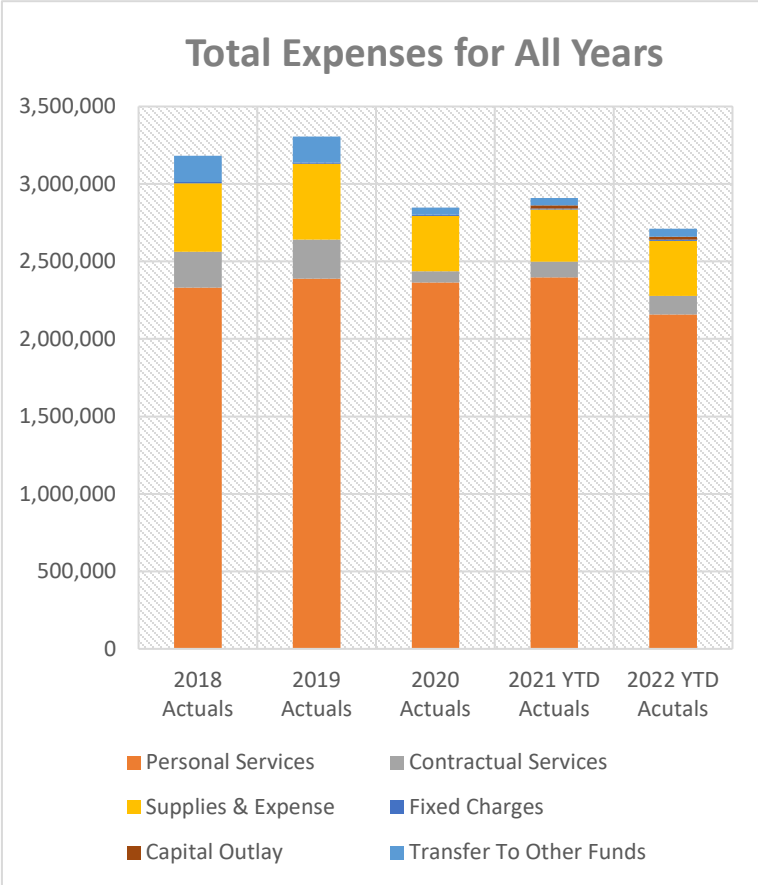
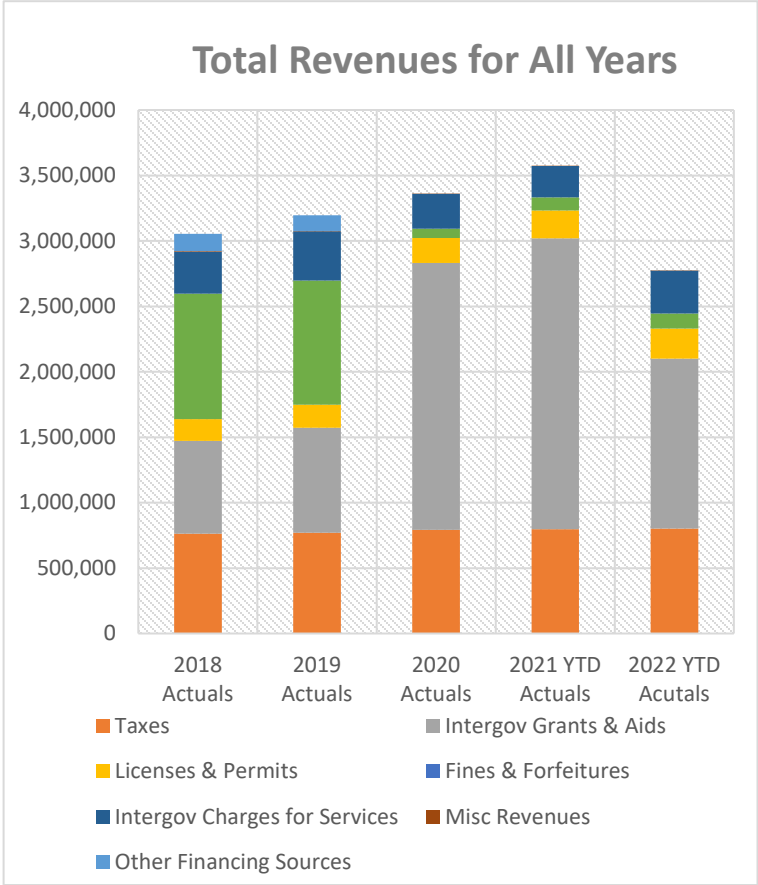
January 2023



CHIPPEWA COUNTY
Public Health
Prevent. Promote. Protect.

Fund	Description	Revenue			Expense		
		Budget	Actual	% Collected	Budget	Actual	% Spent
54100	Community Health	\$ (738,634.00)	\$ (684,705.85)	92.7%	\$ 738,634.00	\$ 51,161.30	6.9%
54121	Nurse Family Partnership	(121,752.00)	(15,407.14)	12.7%	121,752.00	9,441.25	7.8%
54123	Farmers Market	(4,513.00)	(111.65)	2.5%	4,513.00	111.65	2.5%
54125	Prenatal Care Coordination	(65,293.00)	(605.04)	0.9%	65,293.00	1,400.95	2.1%
54127	Healthy U	(15,451.00)	(1,313.92)	0.0%	15,451.00	1,571.74	0.0%
54128	Public Health Preparedness	(50,717.00)	(400.08)	0.8%	50,717.00	1,731.69	3.4%
54129	TN Program	-	(785.63)	0.0%	-	2,446.31	0.0%
54132	Drug Free Community Grant	(135,908.00)	(1,247.02)	0.0%	135,908.00	8,875.93	0.0%
54135	Bright Start River Source	(10,775.00)	(88.63)	0.8%	10,775.00	240.75	2.2%
54140	WIC	(377,684.00)	(55,584.86)	14.7%	377,684.00	28,725.31	7.6%
54142	Maternal & Child Health Program	(28,574.00)	(238.82)	0.8%	28,574.00	1,137.87	4.0%
54144	Wisconsin Wins	(4,702.00)	(40.25)	0.9%	4,702.00	40.25	0.9%
54148	COVID Workforce	(76,331.00)	-	0.0%	76,331.00	-	0.0%
54149	Pre-Venture	(20,329.00)	(121.25)	0.6%	20,329.00	346.87	1.7%
54150	Prevention	(9,153.00)	(77.55)	0.8%	9,153.00	77.55	0.8%
54151	Equipment Loan Closet	(2,969.00)	(145.78)	0.0%	2,969.00	337.81	0.0%
54152	Western Regional Center	(281,498.00)	(3,491.77)	1.2%	281,498.00	15,765.07	5.6%
54154	Title X Reproductive Health	(5,955.00)	(40.62)	0.0%	5,955.00	2,146.03	0.0%
54156	FIT WIC	(38,987.00)	(335.45)	0.9%	38,987.00	2,053.91	5.3%
54157	Reproductive Health	(55,169.00)	(4,527.94)	8.2%	55,169.00	2,701.07	4.9%
54158	WIC BF Peer Counseling	(19,611.00)	(209.27)	1.1%	19,611.00	1,735.53	8.8%
54159	Diabetes Grant	(16,206.00)	(137.87)	0.0%	16,206.00	1,290.07	0.0%
54161	Health Clinics	(29,486.00)	(413.58)	1.4%	29,486.00	627.43	2.1%
54162	COVID Vaccine	(75,339.00)	(1,296.26)	1.7%	75,339.00	1,845.95	2.5%
54163	Overdose Fatality Review	(37,719.00)	(310.83)	0.0%	37,719.00	4,473.66	0.0%
54164	COVID Contact Tracing	(54,434.00)	(2,462.03)	0.0%	54,434.00	8,047.76	0.0%
54165	GYT - Get Yourself Tested	(2,116.00)	(13.29)	0.6%	2,116.00	13.29	0.6%
54171	Food Safety Recreation License	(285,629.00)	(4,706.44)	1.6%	285,629.00	20,073.60	7.0%
54172	Infant Immunization Grant	(17,452.00)	(135.41)	0.8%	17,452.00	569.92	3.3%
54173	Early Hearing Detection & Prev	-	-	#DIV/0!	-	-	#DIV/0!
54174	Forward Health Outreach	(21,982.00)	(226.63)	1.0%	21,982.00	626.16	2.8%
54176	Environmental Health	(119,965.00)	(68,196.93)	0.0%	119,965.00	1,814.08	0.0%
54180	DHS Agreement	(111,388.00)	(1,416.16)	1.3%	111,388.00	8,587.29	7.7%
54182	HCET (Health Care, Ed & Tr)	(7,906.00)	(46.41)	0.6%	7,906.00	46.41	0.6%
54184	Childhood Lead Poisoning Prev.	(10,495.00)	(91.71)	0.9%	10,495.00	139.77	1.3%
54186	Charity Outreach Program	(500.00)	-	0.0%	500.00	-	0.0%
54190	Public Health Donation Expendi	(1,000.00)	-	0.0%	1,000.00	-	0.0%
		\$ 2,855,622.00	\$ 848,932.07	29.7%	\$ 2,855,622.00	\$ 179,476.46	6.3%

Public Health Revenues vs Expenses Variance YTD through December 2022 Unaudited

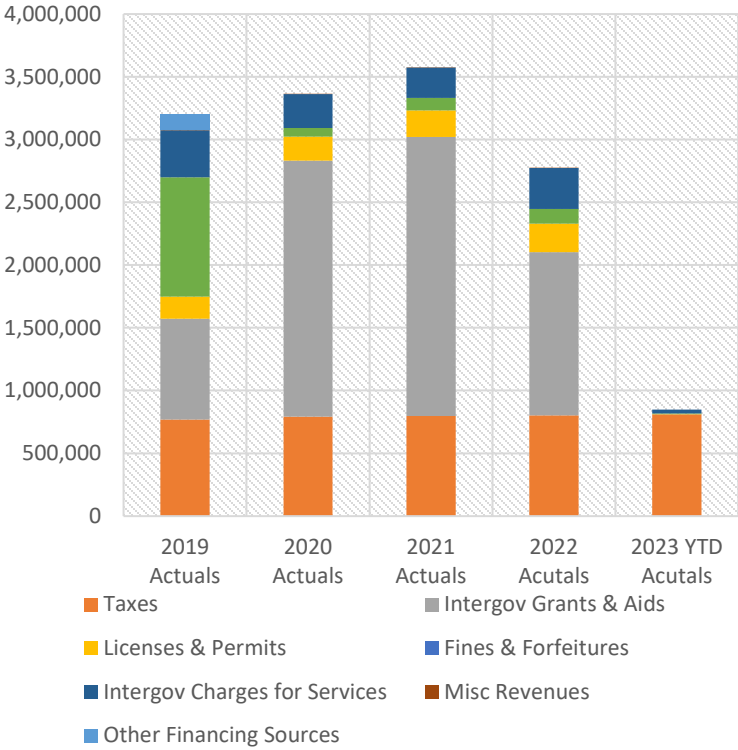


Public Health Revenues vs Expenses

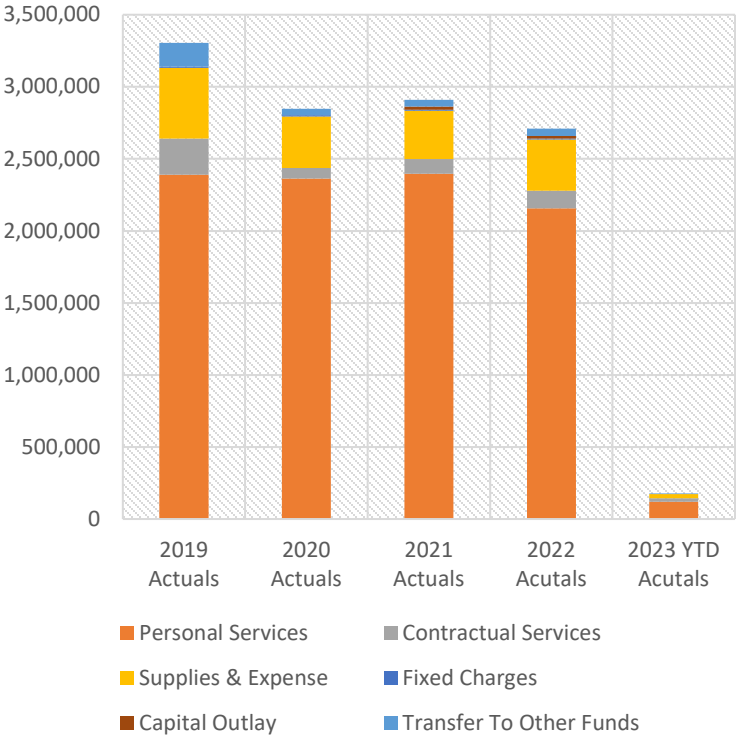
Variance YTD through January 2023



Total Revenues for All Years

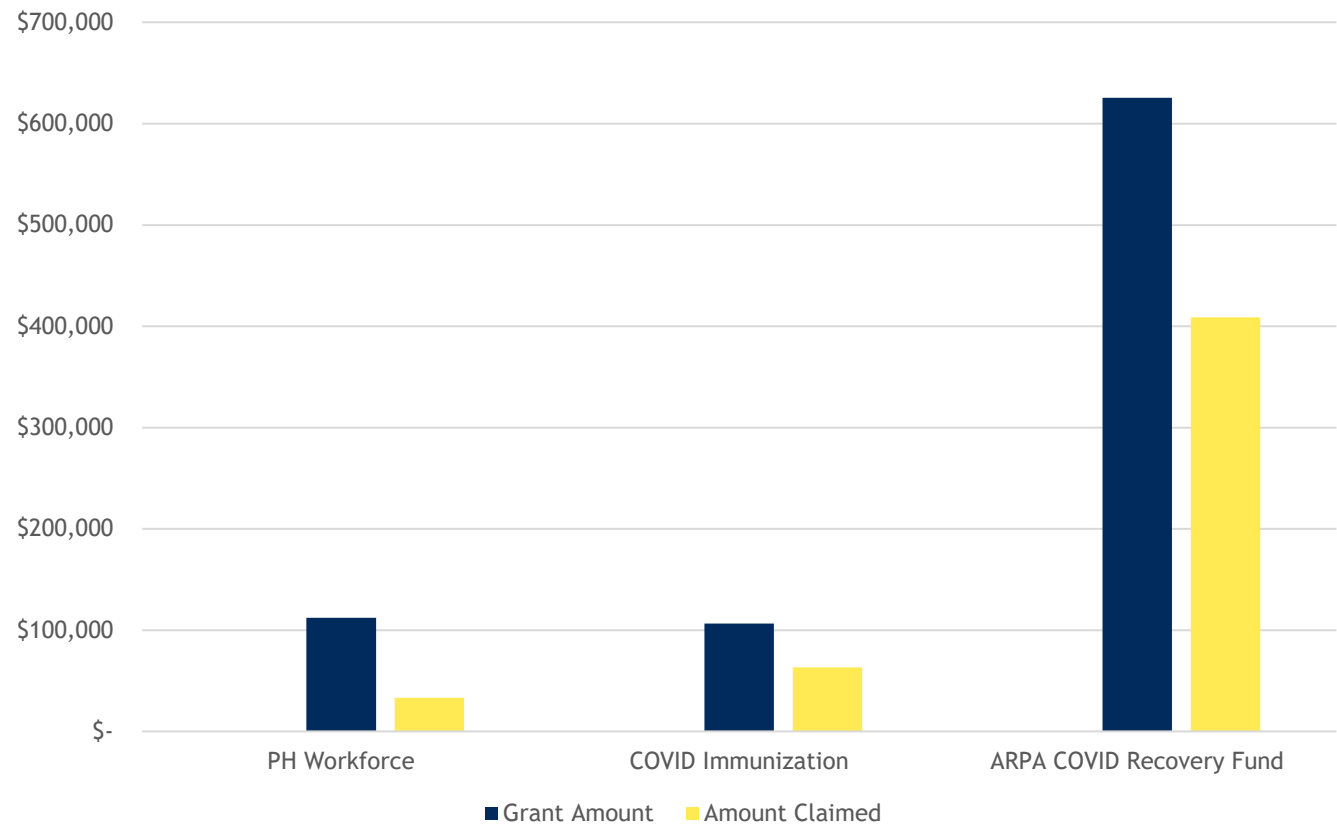


Total Expenses for All Years



Public Health COVID Grant Summary

COVID 2022 Funding Through January 2023





STATEMENT OF EXPLANATION
HUMAN SERVICES DIRECTOR'S PROGRAM AND FINANCIAL REPORT -
TIM EASKER

5.6

Human Services Director Tim Easker provides a department program and financial report for review and discussion.

Director's Report to the Health & Human Services Board

Tim Easker

Board Meeting Date: February 16, 2023

1. WCHSA Updates

Division of Children's and Families (DCF)

- **DCF 2023-25 Biennial Budget**-DCF has posted two documents specific to the 2023-25 state biennial budget process at the following web site <https://dcf.wisconsin.gov/budget> including:
 - o DCF Agency Budget request
 - o DCF Summary of Governor Evers' 2023-25 Biennial Budget Request
- **Children with Complex Needs**-State resources for Children with complex needs remain at a premium. A plan is in the works to contract with 2 providers (Chileda, Lacrosse and Genesee Lakes, Oconomowoc) for a total of 12 additional beds. The county would pay the base rate while DCF would pay for the additional staff required to keep the child at the institution. More to come on this subject but it is encouraging to see there has been movement.
- **ORTP Rule**-WCHSA submitted comments on the final Qualified Residential Treatment Programs (QRTS) rule. There are concerns over the increased costs to counties and lack of identifiable outcomes for providers.
- **Medicaid Eligibility**- The unwinding period for Badger-Care eligibility begins in April and eligibility will be redetermined when cases are up for their annual renewal. It is recommended members should not seek early redetermination that would create workload spikes.

Division of Health Services (DHS)

- **Office of Children's Mental Health-Annual Report**-Last month the Wisconsin Office of Children's Mental Health released their 2022 Annual Report entitled, "Wired for Social Connection: How Wisconsin Youth are Feeling and Connecting". I have attached the report briefing for your review. The report is full of interesting data and lays out what is going well and not so well in WI.
- **Funding to Cover Room and Board Costs for Residential Treatment**-For individuals who have Medicaid and are seeking residential substance use disorder treatment, the care and treatment portion of services are covered by Medicaid. Room and board remain the responsibility of the consumer. While room and board are typically the lower of the two rates, it can still run into the thousands of dollars. Counties may apply for a grant to cover room and board for those individuals seeking residential treatment and are diagnosed with an Opioid use disorder. Chippewa has applied for this in the past and will again.
- **Comprehensive Statewide Assessment for Crisis Services Survey- DCTS Information Memo 2022-03**-This memo provides notice of a survey for county agencies to complete regarding crisis services. The Comprehensive Statewide Assessment for Crisis Services Survey will open January 3, 2023. It will close March 3, 2023.
- **CMS issues QSO-23-04 - Hospitals - Workplace Violence**-On November 28, 2022, CMS issued [QSO-23-04-Hospitals \(PDF\)](#) focusing on workplace violence and highlighting the importance of healthcare facilities providing adequate training, sufficient staffing levels, and ongoing assessment of patients and residents for aggressive behavior and indicators to adapt their care interventions and environment appropriately.

- **CSP Audits Anticipated in Coming Years-** The Office of Inspector General (OIG) has announced they will be conducting small scale audits with 2-3 providers each year. The audit is to ensure 1) Actual provision of service can be verified; 2) Service was appropriate; and 3) Claim was accurate. OIG has the authority to recoup identified overpayments if the previous criteria is not met.
- **988 Update-** Attached please find a rather in-depth report of the new Family Services, Wisconsin Lifeline which was rolled out in 2022. This does not take the place of the North West Connections “crisis line” but is an additional resource for individuals experiencing a mental health crisis.
- **Medicaid Reimbursement for Law Enforcement Transports Denied-** The Centers for Medicaid Services (CMS) has denied the states request to make law enforcement transportation of persons for emergency detention eligible for Medicaid reimbursement. CMS will not approve the use of deputized law enforcement officers.

2. Department and Division Updates

Department Updates:

- On January 25, I attended the County Ambassadors day at the capitol and met with our legislators, Karen Hurd, Jesse James and Rob Summerfield to discuss budget priorities. I have attached the papers I drafted with local mental health and ADRC data. My ask was to fully fund CSP and Crisis Services which would save Chippewa County about \$283,000. My additional ask was for ADRC funding as Chippewa is a Gen 3 ADRC which receives the least amount of funding from the state. As I mentioned last month, this is organized by Wisconsin Counties Association (WCA) and is a preliminary event to “Day at the Capitol” that is focused solely on Human Service Agencies. If committee members are interested, the Day at the Capitol event will be April 12. Typically, we travel to Madison the night before. The 12th will start with a briefing by Wisconsin Counties Association after which we meet with our legislators. Please let me know if you are interested.
- Our leadership team has been working with the Department of Administration in regards to the county wide wage compensation study which is occurring at this time.
- We would like to recognize the following dedicated staff for their years of service: Amanda Conrad, CWDA, 1 year; Kyndra Feirn, CWDA, Christina Szalecki, Economic Support, 3 years; Julie Nyberg, Fiscal, 4 years; Rachel Kilde, RWC Consortium, 7 years; Erika Ferrin, CWDA, 8 years and Geri Sedlacek, Children Youth and Families Admin Asst, 31 years. THANK YOU!

Divisions:

Aging & Disability Resource Center (ADRC)

- Carrie Schick was hired as an Administrative Assistant and she started on January 23. The team already feels like they’ve known her for years!
- Holly Anderson has been a full-time Options Counselor for nine years and recently accepted a position with RWC. She started her new position on February 6 and we are currently reviewing the candidate applications with hopes of having someone on board in March.
- The passing of the federal 2023 Omnibus Bill included appropriation increases for several Older Americans Act programs. We aren’t sure how this will shake out for our programs but we are hopeful some extra funds will be coming our way. The most significant increase was 26 percent for the Meals on Wheels program. This is a long overdue increase given the fact that this program accounts for more than half of all Older Americans Act meals served nationally, while only receiving 36 percent of the total nutrition program funds. The Senior Dining, Caregiver Support, Healthy Living, and In-Home Support programs also saw 3-7 percent increases. Again, we don’t know what this means for Chippewa County residents, but it’s always best to be optimistic!
- It is no surprise that our meal providers are requesting an increase in their meal rates. The increases have ranged from 5-10 percent with the variations primarily due to the length of time they have gone without increasing their rates. So basically, any increase we might see due to the 2023 Omnibus Bill appropriations will pretty much be gobbled up by these rate increases.



- Governor Evers held several budget listening sessions around the state and virtually. I had the opportunity to provide testimony during one of these sessions. My statement revolved around three major funding issues: 1) ADRC grant funding that has not increased since we started in 2008 and continues to have three funding formulas with disproportionate allocations, 2) State Meals on Wheels funding that has not increased since the 1980s, and 3) Elder Benefit Specialist funding that has not increased in 22 years.

Children, Youth & Families Division

- The **Birth to 3** team stayed busy in January. In the fall a state DHS pilot program was launched, offering subsidies for full-time, licensed childcare to many of our families. In January, the eligibility criteria changed to now include all enrolled families not already receiving childcare assistance. Combined with the ARPA grant supports, this has had an incredible impact on a large number of our families. We are excited to see new pilot programs from the state level such as this that offer more support for children and their families.
- **Child Protective Services (CPS)** is continuing to see a number of screened-in reports due to child abuse and/or neglect. The team is trying to use In-Home Safety Services whenever possible in order to keep children in the home. Fortunately, only three children were removed from their homes in January 2023. The Child Protective Services Team is seeing more turnover and will be down an Initial Assessment Worker again. Through the higher caseloads, workers are continuing to stay positive and serve families to the best of their ability. The team is looking forward to their 2023 Employee Engagement Goal which includes grant writing in order to offer more services to our families!
- **Youth Justice:** Juvenile Court Intake office has been very busy with referrals, thus resulting in more youth requiring ongoing supervision by the ongoing staff. We are exploring dates for availability to provide groups in Aggression Replacement Training (ART) and Girls Moving On.
- **Children with Differing Abilities (CWDA):**
 - We welcome, Chris Kjenvet, to the team. He is hired as a CLTS-waiver worker. Chris was an intern last semester, so much of his training was completed. We are excited for Chris to join our team. CLTS staff met with Manager Secraw, to plan a waitlist elimination strategy. We will be developing and implementing that plan with the goal of being waitlist free by August 31, 2023.
 - The Children's CCS staff welcome the new CCS Clinical Coordinator, Megan Eisenbraun, to the team. Even though Megan is part of the RWC Division, she will be working closely with our unit.
 - We are also preparing for an FMLA leave this spring and working to manage the recent turnover of staff.

Economic Support Division

- Welcome Economic Support Specialist, Emily D'Angelo who started with Economic Support on January 23.
- See January's report for significant upcoming changes in FoodShare and BadgerCare benefits.

Fiscal & Contracts Division

- We have hired a new admin who will be starting March 6th, meaning we will be fully staffed.
- We will be celebrating the retirement of Julie Nyberg, who has worked for Chippewa County for four years next month.
- We are working to cross-train and find efficiencies to help us process an increased number of CCS invoices.



Recovery & Wellness Consortium (RWC) Division

- Recovery Wellness Consortium (RWC) is pleased to announce effective Feb. 6, Holly Anderson has joined RWC. Holly has extensive history in working with Elderly and Disabled Adults in ADRC. She has the compassion to listen to one's life stories and challenges, and to advocate for positive change.
- Chippewa Valley Suicide Prevention Coalition has recently been created to address suicide prevention strategies in Chippewa Valley. This coalition is made up of representation of health care providers and community members from Chippewa, Dunn and Eau Claire Counties. Recent survey was completed by members of the coalition and Identified the following needs:
 - Train community to identify suicide risk and effective interventions such as Question, Persuade, and Refer (QPR).
 - Share resources to keep people connected in rural areas.
 - Promote crisis support lines (988, Monarch House peer support line)
 - Development of resilience tool kits for schools.
- Chippewa Health Improvement Partnership (CHIP), Chronic Disease Prevention Action Team is working with Go Chippewa County (Chippewa Falls Area Chamber of Commerce tourism) to promote On the Go in the Snow: Chippewa Winter Challenge, which encourages people to spend at least 30 minutes during the day engaged in outdoor physical activity. One component of this will be a special snowshoe/winter hike event on Feb. 11 in Irvine Park to promote mental health and physical wellness.

3. 2023 Monthly Fiscal Information

Through Month of: January 2023

2023 Budget (total is \$33,521,271):	\$2,793,439	1 month prorated
Expenses paid through January:	401,506	
Variance to Budget:	\$2,391,933	

Note: The November Over/(Under) amounts are an estimated annualized amount for each placement category. Prior months estimated amounts are shown to indicate if expense variances are trending up, down or remaining the same.

2023 Kinship Placement with a Relative

Month	Kinship	Projected Cost	2023 Budget*	Over/(Under)
January	96	\$343,786	\$353,597	(\$9,811)

2023 Children and Youth in Out-of-Home Placements

Month	Out of Home*	Out of Home**	Projected Cost*	2023 Budget	Over/(Under)
January	69	8	\$2,180,368	\$1,645,583	\$534,785

* Children and Youth in Placement: Foster Care, Treatment Foster Care, Group Home, Residential Care

**Additional children placed with relatives (unpaid)

2023 Adult Mental Health and AODA Out-of-Home Placements:

Month	Out of Home	Projected Cost	2023 Budget	Over/(Under)
January	17	276,300	\$698,361	(\$422,061)

2023 Institute for Mental Disease (IMD) Placements

Month	Inpatient Days	Projected Cost*	2023 Budget	Over/(Under)
January			\$587,237	

* IMD invoices are received two months in arrears

2023 Monthly Spending Report

Note: The following reports show monthly disbursement amounts for each placement category. The month shown is the month the invoice was paid (not the month the charge was incurred).

Month	Kinship Amount Paid	Kinship Monthly Budget
January	\$0	\$29,466
February		29,466
March		29,466
April		29,466
May		29,466
June		29,466
July		29,466
August		29,466
September		29,466
October		29,466
November		29,466
December		29,471
Total	0	\$353,597

Month	Adults	Adult Monthly Budget
January		\$58,197
February		58,197
March		58,197
April		58,197
May		58,197
June		58,197
July		58,197
August		58,197
September		58,197
October		58,197
November		58,197
December		58,194
Total	0	\$698,361

Month	Children & Youth	Children & Youth Monthly Budget
January		\$137,132
February		137,132
March		137,132
April		137,132
May		137,132
June		137,132
July		137,132
August		137,132
September		137,132
October		137,132
November		137,132
December		137,131
Total	0	\$1,645,583

Month	IMD	IMD Monthly Budget
January	\$0	\$48,936
February		48,936
March		48,936
April		48,936
May		48,936
June		48,936
July		48,936
August		48,937
September		48,937
October		48,937
November		48,937
December		48,937
Total	0	\$587,237

Department of Human Services – Consumer/Caseload Data

Child Protective Services (CPS) Screened-in CPS Reports Yearly Comparison

Year	Screened in CPS Reports 01-01-22 to 01-31-23	Number of IA Workers	Projected End of Year based on 01-01-22 to 12-31-22	Actual End of Year
2023	16	4	192	N/A
2022	24	4	288	189
2021	25	4	300	199
2020	27	4	324	261
2019	30	4	360	272
2018	21	4	252	250

WCHSA Caseload Recommendations

Initial Assessments: 11 cases per worker with no more than 6 new assessments per worker per month

Ongoing: 10 cases per worker with no more than 15 children per worker

Current CPS Family Caseloads (02-08-23)

Caseload Type	1 FTE	1 FTE	1FTE	1 FTE	1 FTE	1 FTE	1FTE	1 FTE	1 FTE	1 FTE
Initial Assessment	5	2	11	14						
Ongoing					12	12	9	8	12	4

Total Families/Cases Open: Initial Assessment = 32; Ongoing = 57; equals 89 Total

Out-of-Home Placement Yearly Comparison

Total Children/Youth Served January 1 to current Date of Each Year (includes Kinship)

2023	2022	2021	2020	2019	2018	2017	2016	2015
112	138	143	128	153	132	126	56	41

Children/Youth Opened in CCS and/or CLTS (Feb 2023)

Children/Youth Opened	7
Children Waiting to be Screened to Determine Eligibility	25
Waitlist - CCS	0
Waitlist – CCS/CLTS (Dually Eligible)	15
Waitlist - CLTS	45

Current IMD Expenditures (no 2023 invoices yet)

Children/Youth – IMD	\$
Adults – IMD	
Total	\$

Yearly Comparison Crisis: January – December

	Adults	Children
2022	809	194
2021	770	238
2020	843	236
2019	753	238
2018	769	222

Yearly Comparison Youth Justice Referrals

Year	Jan-November	End of Year
2022	238	257 (Projected)
2021	216	236
2020	228	243
2019	330	362
2018	339	351

Department of Human Services – Consumer/Caseload Data

Child Protective Services (CPS) Screened-in CPS Reports Yearly Comparison

Year	Screened in CPS Reports 01-01-22 to 12-31-22	Number of IA Workers	Projected End of Year based on 01-01-22 to 12-31-22	Actual End of Year
2022	189	4	N/A	189
2021	199	4	N/A	199
2020	261	4	N/A	261
2019	272	4	N/A	272
2018	250	4	N/A	250
2017	186	3	N/A	186

WCHSA Caseload Recommendations

Initial Assessments: 11 cases per worker with no more than 6 new assessments per worker per month

Ongoing: 10 cases per worker with no more than 15 children per worker

Current CPS Family Caseloads (01-11-23)

Caseload Type	1 FTE	1 FTE	1FTE	1 FTE	1 FTE	1 FTE	1FTE	1 FTE	1 FTE	1 FTE
Initial Assessment	2	7	9	12						
Ongoing					13	13	8	10	13	8

Total Families/Cases Open: Initial Assessment = 30; Ongoing = 65; equals 95 Total

Out-of-Home Placement Yearly Comparison

Total Children/Youth Served January 1 to current Date of Each Year (includes Kinship)

2022	2021	2020	2019	2018	2017	2016	2015
172	191	185	204	217	202	158	84

Children/Youth Opened in CCS and/or CLTS (Jan 2023)

Children/Youth Opened	5
Children Waiting to be Screened to Determine Eligibility	19
Waitlist - CCS	0
Waitlist – CCS/CLTS (Dually Eligible)	11
Waitlist - CLTS	46

Current IMD Expenditures

Children/Youth – IMD	\$ 178,160
Adults – IMD	\$ 481,690
Total	\$

Yearly Comparison Crisis: January – December

	Adults	Children
2022	809	194
2021	770	238
2020	843	236
2019	753	238
2018	769	222

Yearly Comparison Youth Justice Referrals

Year	Jan-October	End of Year
2022	221	265 (Projected)
2021	201	236
2020	193	243
2019	300	362
2018	307	351



Aging and Disability Resource Center of Chippewa County

Aging and Disability Resource Centers (ADRCs) are one-stop shops designed to provide services to individuals who need, or expect to need, long-term care services, as well as their families. ADRC services include providing information and assistance, benefits counseling, coordinating short-term services, conducting functional screens, and enrollment processing and counseling. There are currently 34 single-county ADRCs, 12 multi-county/tribal ADRCs, and seven tribal Aging and Disability Resource Specialists (ADRS) that work with an ADRC.

ADRCs serve the fastest growing demographic of our state's population; yet the funding methodology for ADRCs has not been revised in more than a decade. The original funding methodology was based on several factors that were appropriate for the original ADRC pilots and the eventual expansion of ADRCs statewide. ADRCs were funded in three waves, with each wave funded differently and those funding differences have continued. It is now evident that the funding methodology needs revision in order to create a more equitable distribution of funds across the state. It is also clear that additional funding is required to allow ADRCs to effectively meet their mission.

ADRCs were created to save the tax payers dollars by reducing Medicaid spending and connecting people with resources to help keep them off of public programs. The centers were created over several budget cycles. As previously mentioned, each successive group received a disproportionately lower funding level. Aging and Disability Resource Centers have to provide the same programs and services, and there's been no increase in funding since 2006. The Chippewa County ADRC is a "Gen III" center receiving the lowest level of funding.

People in Chippewa County have longer wait times, which can result in crisis situations. The result is citizens are not utilizing resources as efficiently as they could in a non-crisis situation. This can result in an earlier use of public programming.

- Calls to the ADRC of Chippewa County were up 14.5 percent from pre-Covid levels.
- In 2008, when the Chippewa County ADRC was created, the number of people age 65 plus was 9,032 or 14.6 percent of the population; 2014 - 9,941 or 15.7 percent of the population; 2022 - 18.8 percent.
- In addition, an estimated 9 percent of persons age 18-64 have a disability; 33.7 percent age 65 plus have a self-reported disability.
- Thirty-six percent of woman age 65 plus live alone; 21.4 percent of men age 65 plus live alone. This is significant because once they lose that second income, folks struggle to make ends meet.
- Twenty-six percent of households with the head of household age 65 plus have incomes below \$25,000 per year; this goes up to 41.5 percent for those below \$35,000. These are both significantly higher than the state average with 22.7 percent and 35.6 percent respectively.



Human Services

Mental Health Data/Information

Chippewa County Crisis Data 2022	
Total Calls - Phone and Mobile	1176
Emergency Detentions - Mental Health	79
Emergency Detentions-Alcohol/Drug Incapacitation	5
Admissions Out-of-Home Placement (other than IMD)	17
IMD Admissions (Winnebago (21) or Trempealeau)	42 (651 Days)
Cost for Winnebago	\$1,400/Day
Cost for Trempealeau	\$375/Day

In 2022, 11 percent of crisis calls originated from the County Jail. Linkage and follow-up services are provided including a reassessment completed by a clinician if the inmate was placed on precautions.

Chippewa County Suicides (last child death by suicide was 2017)	
2019	12
2020	14
2021	13
2022	11*

*two awaiting cause of death

Chippewa County Community Support Program (CSP)	
Consumers Served in 2022	43
Admissions Out-of-Home Placement (other than IMD)	13
IMD Admissions	8 (100 Days Total)

Having a strong mental health infrastructure is critical as it affects many areas of our department. For example, beginning in 2016-17, we saw a tremendous influx of children into the child welfare system. The main driver was and remains methamphetamine. Eighty-four percent of the children in out-of-home care are there due to caregiver use of methamphetamine. Our placement budget continues to trend a million dollars over budget.

Crisis MOE	\$120,864
CSP Local Funding	\$169,069
Savings	\$282,933

OCMH 2022 Annual Report

Wired for Social Connection: How Wisconsin Youth are Feeling and Connecting

Access the report at: www.children.wi.gov

Agenda

➤ Opening Remarks

Rep. Patrick Snyder (R-Schofield), Legislative Children's Caucus Co-Chair

➤ Briefing & OCMH Overview

Linda Hall, Director, Office of Children's Mental Health

➤ 2022 Data

Amy Marsman, Senior Research Analyst, Office of Children's Mental Health

➤ Youth Voice

Ava, Young Adult Lived Experience Partner, Office of Children's Mental Health

➤ Closing Remarks

Rep. Jill Billings (D-La Crosse), Legislative Children's Caucus Co-Chair

Opening Remarks

Rep. Patrick Snyder (R-Schofield)
Legislative Children's Caucus Co-Chair

Overview of OCMH

The Office of Children's Mental Health (OCMH) was created to support Wisconsin's children in achieving their optimal social and emotional well-being.

Our Charge

- Coordinate initiatives and improve integration across state agencies of children's mental health services.
- Establish and track children's mental health data points to direct work.

Foundational Pillars



Research & Data



Systems Change



Youth & Family Voice



Collective Impact



Collective Impact Approach

Stakeholders from different sectors collaborate on our collective impact teams to improve the integration of children's mental health services.





OCMH Resources

Accessing Children's Mental Health Services Guide:

A roadmap for parents who are not sure where to start when seeking mental health services for their child.

Accessing Children's Mental Health Services



1 I'm worried about my child. I notice...



Sleeping Issues
Outbursts
Mood Swings
Irritability
Anxiety
Always Alert
Anger
Sadness
Isolation
Poor Grades
Difficulty Concentrating

2 Who can help us?

Contact a trusted provider such as:

- Doctor or Primary Care Provider
- School Counselor or Teacher
- Community Services or Peer Specialist

Ask for a *mental health assessment*.
Be descriptive about your concerns.

Health insurance helps pay for needed services and can also help you find a therapist or provider but you do not need insurance to get services.

Therapy for emotional support.

3

There are many different types of therapy and every therapist is different. Look for a provider who meets your preference of gender, race, or culture. **Find someone who you and your child feels comfortable with.** When you call, ask:

1. Are you accepting new patients?
2. Do you accept my insurance?
Do you accept self-pay or sliding scale payment?
3. When is the next available appointment?
4. What are the next steps I can take right now?



It's okay to call another clinic and ask these same questions. You may get in sooner with another provider.

4 What does therapy look like?

You and your child will learn new skills and talk about experiences, mood, or behavior. **Parents are involved by:**

- Meeting with the therapist regularly
- Enhancing skills to support your child
- Speaking up for your child and family
- Taking care of yourself and finding the support you need

Healing is a journey



OCMH Resources

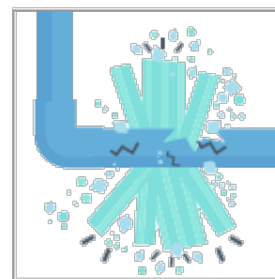
Handling a Mental Health Crisis:

Using a leaky pipe analogy, the guide includes tangible suggestions for caregivers and provides many resources for parents or youth to utilize.



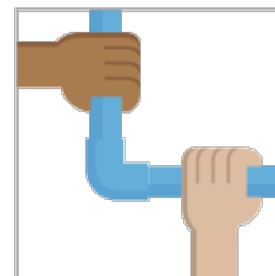
WHEN YOU NOTICE THE LEAK

- ▶ Stop. Take a breath. Notice your own feelings
- ▶ Take time to think – your responses matter
- ▶ Connect. Focus on the child and show interest and support
- ▶ Stay positive and open. Let them talk about or show their feelings
- ▶ Respect their experiences, address their concerns
- ▶ Ask if they are thinking about suicide
- ▶ Reach out for support, including friends, family, or teachers



IF THE PIPES BURST

- ▶ Stay calm – your child needs you
- ▶ Reassure safety and that you are here to help
- ▶ Use clear, short sentences to avoid confusion
- ▶ Offer safe options so your child feels more in control
- ▶ Remove things they could use to hurt themselves
- ▶ Contact your county's crisis line. If you call 911, ask for a mental health crisis worker



HOW TO REPAIR THE PIPES AFTER

- ▶ Provide reassurance, support, and encouragement
- ▶ Identify services and supports (friends, teachers) that might help your family
- ▶ Check in regularly how each family member is doing
- ▶ Use and create routines and structure at home
- ▶ Assist family members to find and practice activities that relieve stress
- ▶ Complete a [Mental Health Crisis Card](#) for each family member

Parenting Tips & Advice

Videos and Flyers

- Responding to Challenging Behaviors
- Self-care/Self-help
- Basic Needs
- Social Connections
- What to do for Kids who Need Help
- The 3 Ps of Parenting During the Pandemic

HELPING PARENTS WITH WHAT THEY NEED
SELF-CARE/SELF-HELP

WHAT YOU NEED TO SHOW UP AS YOUR BEST SELF
Caring for your children and family is a big responsibility, and you can't do it as well as you may want to without taking care of yourself. Below are some tips to help you.

What am I grateful for?




TIME FOR YOU • Dedicate 15 minutes a day to you. Do something you enjoy.

BE KIND TO YOURSELF • Practice affirmations and positive self-talk.

PRIORITIZE YOURSELF • You can't do everything, and it's OK to say "no" to things.

PRACTICE GRATITUDE • Identify things that are going right.

PRACTICE HEALTHY SLEEP HABITS • Establish a good bedtime routine, limit screen time before bedtime.

EAT HEALTHY • Remember, what you put into your body affects how you feel.

WHAT I CAN DO TO TAKE CARE OF MYSELF

1. _____
2. _____
3. _____

children.wi.gov

FILL OUT • CUT-OUT • KEEP IT CLOSE

WRITE YOUR OWN CARD • List 3 things you can do to take care of yourself.

BE MINDFUL WITH USE OF SOCIAL MEDIA AND TECHNOLOGY • Limit phones, devices, computers and take a screen break.

BE REALISTIC • Have manageable expectations for yourself.

IT'S OK TO ASK FOR HELP • List the people you can call or reach out to when you need to.

Resources:

- Self-Care Resources for Adults – Head Start
- Protective Factors – Child Abuse & Neglect Prevention Board

Wisconsin Office of Children's Mental Health
Infant Toddler Immediate Needs of COVID-19 | children.wi.gov



OCMH Resources – Youth Voice



Youth Voice promotes mental health, because it activates:

- ***decision-making skills** and persistence to achieve goals*
- ***social skills**, interpersonal skills, social competence and social capital*
- *a sense of **belonging, connection** alongside a sense of agency and autonomy*



Research and Data

Annual Report:

Articulates the current well-being of children, teens, and young adults in Wisconsin. Also includes efforts made by OCMH and State Department partners.

Our Brains Are Wired for **SOCIAL CONNECTIONS**



2022 Annual Report



Child Well-Being Indicators Dashboard

40 health factors in clinical, social, economic, and individual health behavior categories

Current: 2021 or 2022

Baseline: 2016 or 2017

LEGEND

Each stoplight indicates whether the current Wisconsin data is an improvement or not when compared to the baseline data. The most recent available data at the time of print are used for "current" statistics. Data from approximately five years prior are used for "baseline" statistics. For details on any indicator, please see the indicator description document on the [OCMH website](#).

-  Wisconsin is going in the wrong direction (known to be statistically significant).
-  Wisconsin seems to be headed in the wrong direction, but is within the margin of error (not statistically significant) or unknown (significance unknown).
-  This indicator did not change (difference of 0.5% or less before rounding).
-  Wisconsin seems to be headed in the right direction but is within the margin of error (not statistically significant) or unknown (significance unknown).
-  Wisconsin is going in the right direction (known to be statistically significant).

HEALTH BEHAVIORS

INDICATOR	US CURRENT	WI BASELINE	WI CURRENT	
Extracurricular participation	N/A	68%	64%	
Electronically bullied (cyberbullying)	16%	18%	16%	
Bullied on school property	20%	24%	18%	
Students who use electronics 3+ hours on average school days (not for schoolwork)	N/A	40%	75%	
Students who sleep 8 hours on average school night	22%	26%	28%	
Students who experienced sexual dating violence	8%	10%	10%	
Students who drink alcohol (at least one drink, at least one day in prior month)	29%	30%	26%	
Teen birth rate per 1,000	15.4%	16.2%	11.5%	
Students who vape frequently (20 or more days in the month prior)	11%	3%	7%	

Participation in extracurricular activities – sports, music, art, drama, or afterschool clubs – has a range of positive outcomes: improved self-esteem, resilience, social skills, connection to school, and academic performance.

Screen time increase is attributed to heavy reliance on technology and virtual connections during the pandemic.

Research consistently shows that kids who sleep the recommended amount have better mental health.

Wisconsin's teen birth rate continues to fall and is below the national rate.

2022 DASHBOARD

Wisconsin Child Well-Being Indicators Dashboard



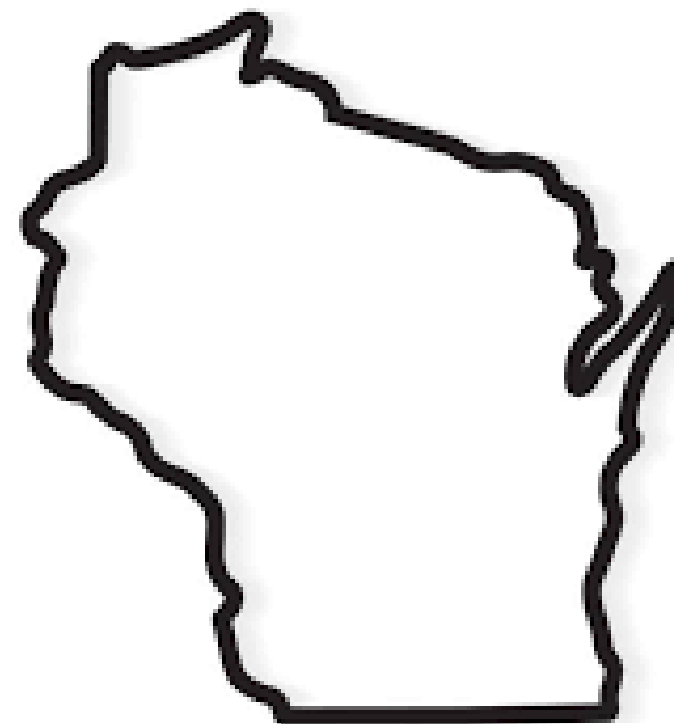
-  Wrong direction
-  Headed in the wrong direction (within margin of error)
-  No change
-  Headed in the right direction (within margin of error)
-  Right direction

Health Behaviors | Clinical Care |
Social & Economic Factors | Quality of Life

Areas of Improvement

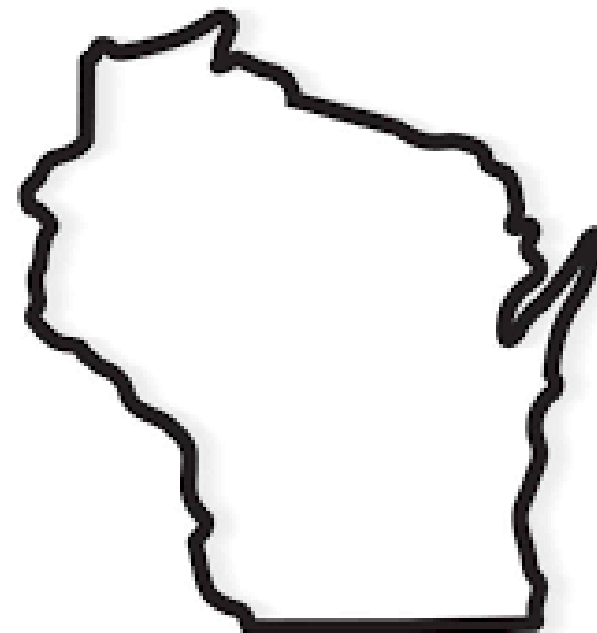
Compared to five years prior:

- ✓ Bullying **decreased** from 24% to 18%
- ✓ Teen birth rate **decreased** from 16% to 11%
- ✓ Number of school social workers **increased**
- ✓ Number of school counselors **increased**
- ✓ Number of school psychologists **increased**



Wisconsin is going in the right direction

- ✓ The count of school-based mental health professional increased, improving student to professional ratios.
- ✓ Fewer students experienced bullying at school.
- ✓ Fewer teen mothers.



State vs Nation

- Wisconsin's performance is better than the nation's on some indicators.
- Wisconsin's current data is compared to the nation's current data.

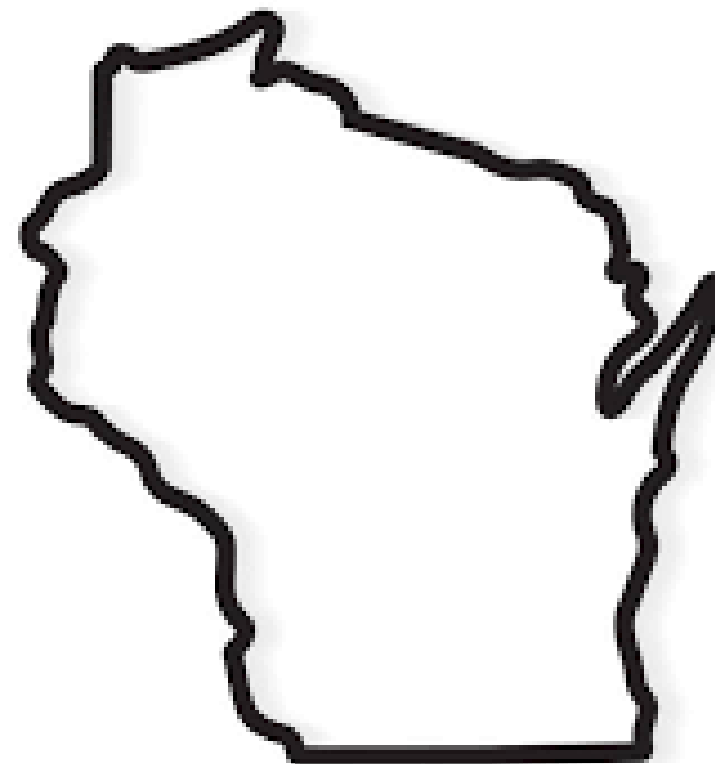
Wisconsin is doing well, compared to the national trend:

- ✓ **Students who sleep 8 hours on school night**
(28% state vs 22% nation)
- ✓ **Math proficiency in 8th grade**
(33% state vs 26% nation)
- ✓ **Employment (ages 16-24)**
(67% state vs 54% nation)
- ✓ **Positive adult mentor**
(92% state vs 86% nation)
- ✓ **4 year-old kindergarten enrollment**
(56% state vs 29% nation)
- ✓ **Mothers with higher education degrees**
(48% state vs 42% nation)
- ✓ **Early developmental screen**
(44% state vs 35% nation)
- ✓ **Early prenatal care**
(81% state vs 76% nation)

Areas of Concern

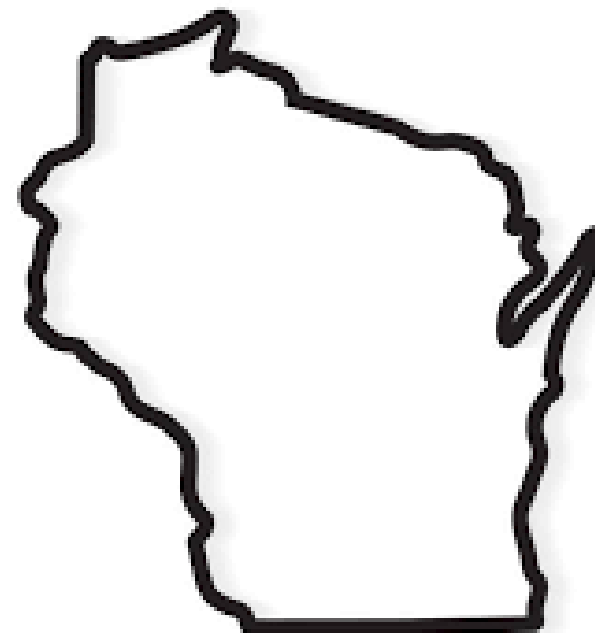
Compared to five years prior:

- ✕ Students who use electronics 3+ hours (not for schoolwork) **increased** from 40% to 75%
- ✕ School connectedness **decreased** from 71% to 61%
- ✕ Math proficiency **decreased** from 39% to 33%
- ✕ Depressed HS students **increased** from 27% to 34%
- ✕ LGBT youth seriously considering suicide **increased** from 43% to 48%
- ✕ Young adults with any mental illness **increased** from 24% to 33%
- ✕ Students who vape frequently (20 or more days per month) **increased** from 3% to 7%



Wisconsin is going in the wrong direction

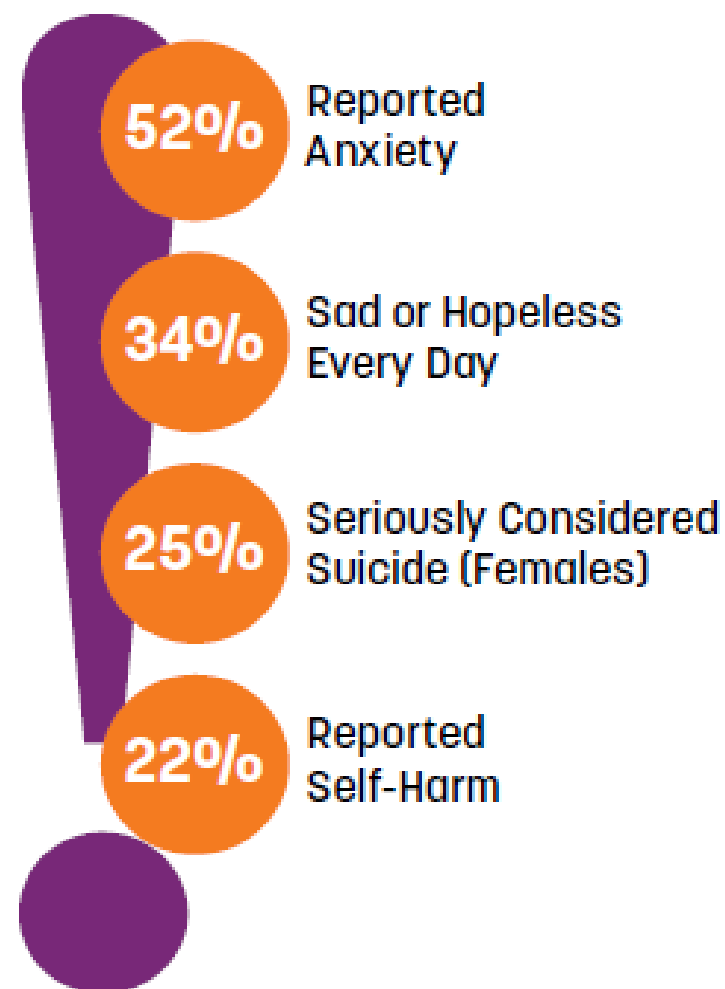
- More students are experiencing negative mental health, especially LGBT youth.
- Students have lower academic performance and feel less connected to school.
- More kids have unhealthy behaviors.



Well-Being Trends

- 1 in 5 kids **self-harm**
- 1 in 4 girls **seriously consider suicide**
- 1 in 3 feel **sad or hopeless**
- 1 in 2 feel **anxious**

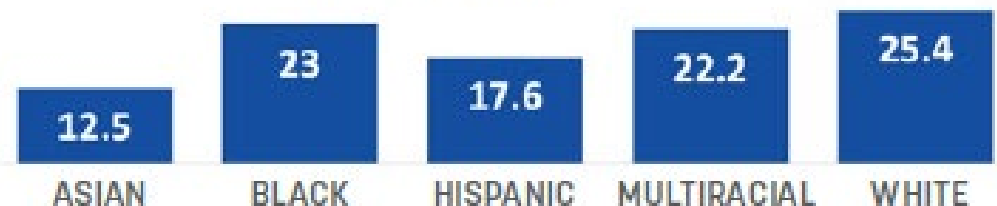
WISCONSIN YOUTH'S DECLINING MENTAL HEALTH



Well-Being Trends

- **76% of kids would NOT talk with their family** about their feelings. Among those who felt sad, empty, hopeless, angry, or anxious.
- **Asian and Hispanic students are the least likely to talk** with adult family members.

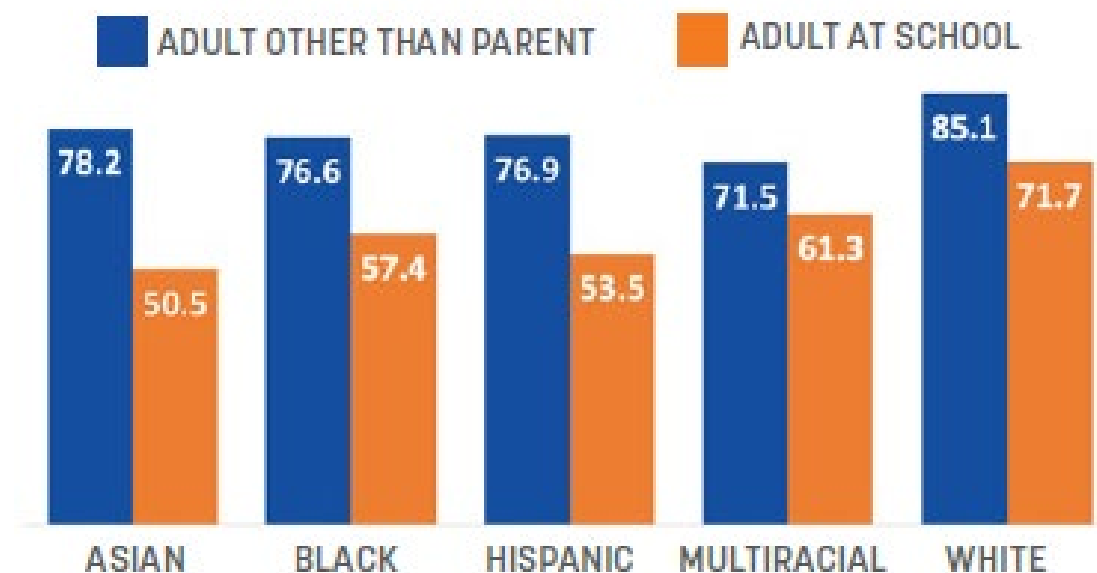
PERCENT WHO WOULD TALK WITH
ADULT FAMILY MEMBER ABOUT FEELINGS
*Among those who felt sad, empty,
hopeless, angry, or anxious*



Well-Being Trends

- **67% of kids have an adult at school that they can talk to if they have a problem.** about their feelings. This has declined over the last ten years from 73%.
- **Asian and Hispanic students are less likely to have an adult at school to turn to,** with nearly half reporting they have no teacher or adult at school they can talk to about a problem.

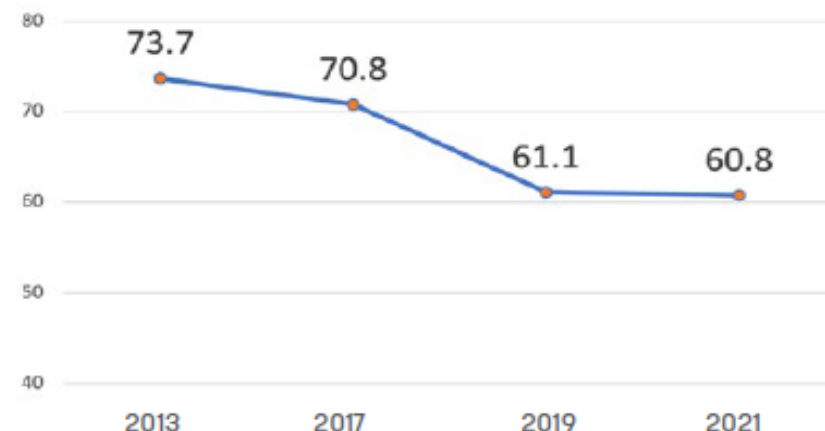
PERCENT OF HIGH SCHOOL STUDENTS WHO HAVE ADULTS THEY CAN TALK TO



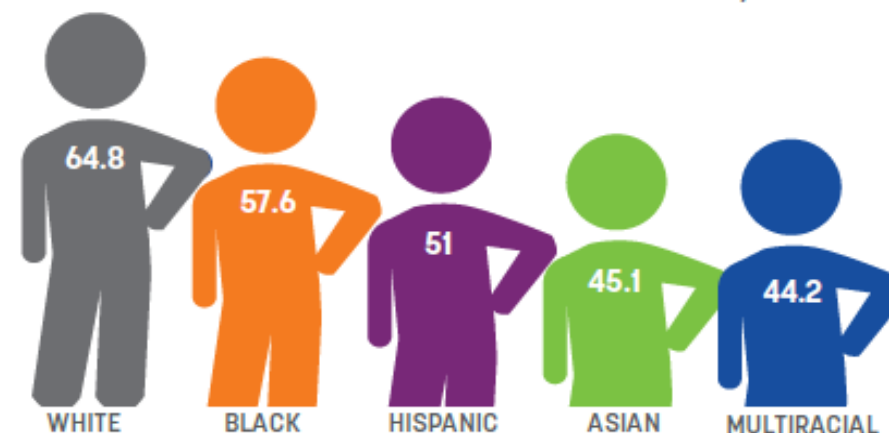
Well-Being Trends

- **60% of high school students feel they belong at school.** This has declined over the last five years from 70%.
- **Less than half of Asian and Multiracial students feel they belong at their school.**

PERCENT OF WISCONSIN HIGH SCHOOL STUDENTS WHO FEEL THEY BELONG AT SCHOOL, 2013-2021



PERCENT OF WISCONSIN HIGH SCHOOL STUDENTS WHO FEEL THEY BELONG AT SCHOOL BY RACE, 2021



Tracking Well-Being

Measures to watch:

- Belonging
- Family Shares Ideas
- Making and Keeping Friends



Youth Voice

Ava Pellegrino

*Young Adult Lived Experience Partner
Office of Children's Mental Health*



Social Connectedness of Youth

Definition:

Youth are socially connected when they are actively engaged in positive relationships where they feel they belong, are safe, cared for, valued, and supported.





OCMH Collective Impact Teams



Family



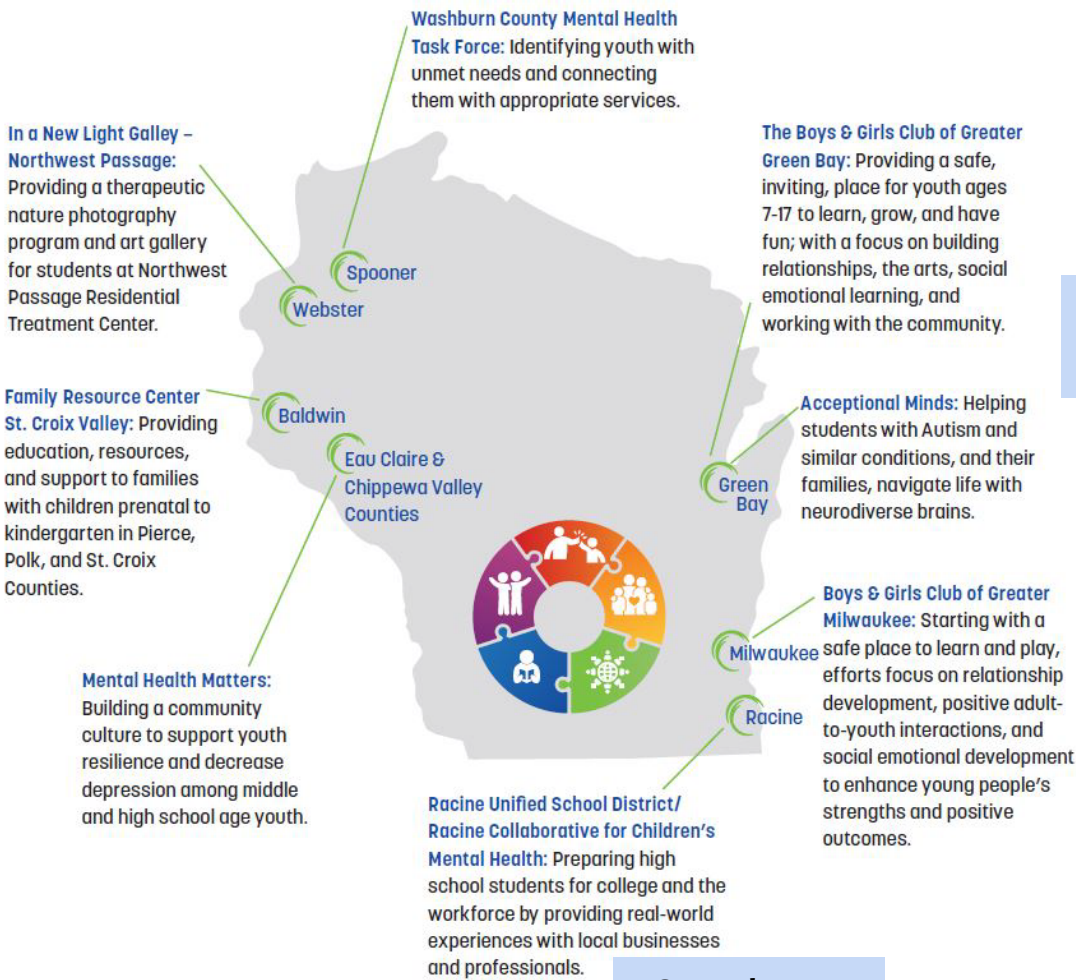
Supportive Adult



**Cultural Identity/
Community**

Social Connectedness of Youth State Visits

July 26-27
North/
Northwestern
Wisconsin



August 23
Green Bay

October 26
Milwaukee

October 5
Racine





Social Connectedness of Youth

What We Can Do – Collectively

1. Increase investment in comprehensive school mental health services
2. *Support students and staff in improving school climate to be welcoming to all students*
3. Invest in youth mental health action recommendations from OCMH Listening Sessions
4. *Reduce family stress by increasing services like parent peer support, crisis services, and home visiting*
5. Increase availability of culturally sensitive mental health professionals

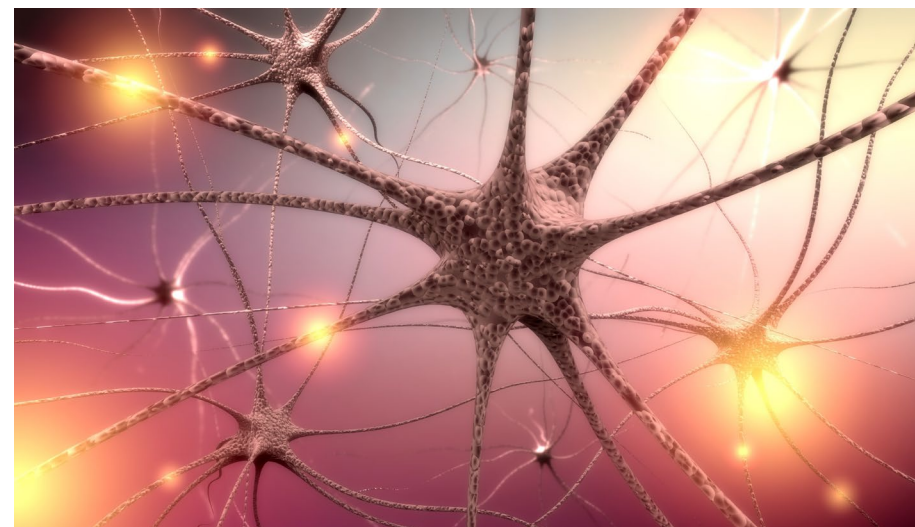




Social Connectedness of Youth

What We Can Do – Individually

- Connect with a young person:
 - Connection is an essential vitamin for the brain
 - Connections of less than a minute can make a difference



Closing Remarks

Rep. Jill Billings (D-La Crosse)
Legislative Children's Caucus Co-Chair

Ways to Connect With Us



Facebook:
OCMHWI



Instagram:
@YouthMentalHealthWI



Twitter:
@WIKidsMH



LinkedIn:
OCMHWI



Newsletter:
Sign up online



YouTube:
Wisconsin OCMH

www.children.wi.gov
linda.hall@wi.gov



Family Services

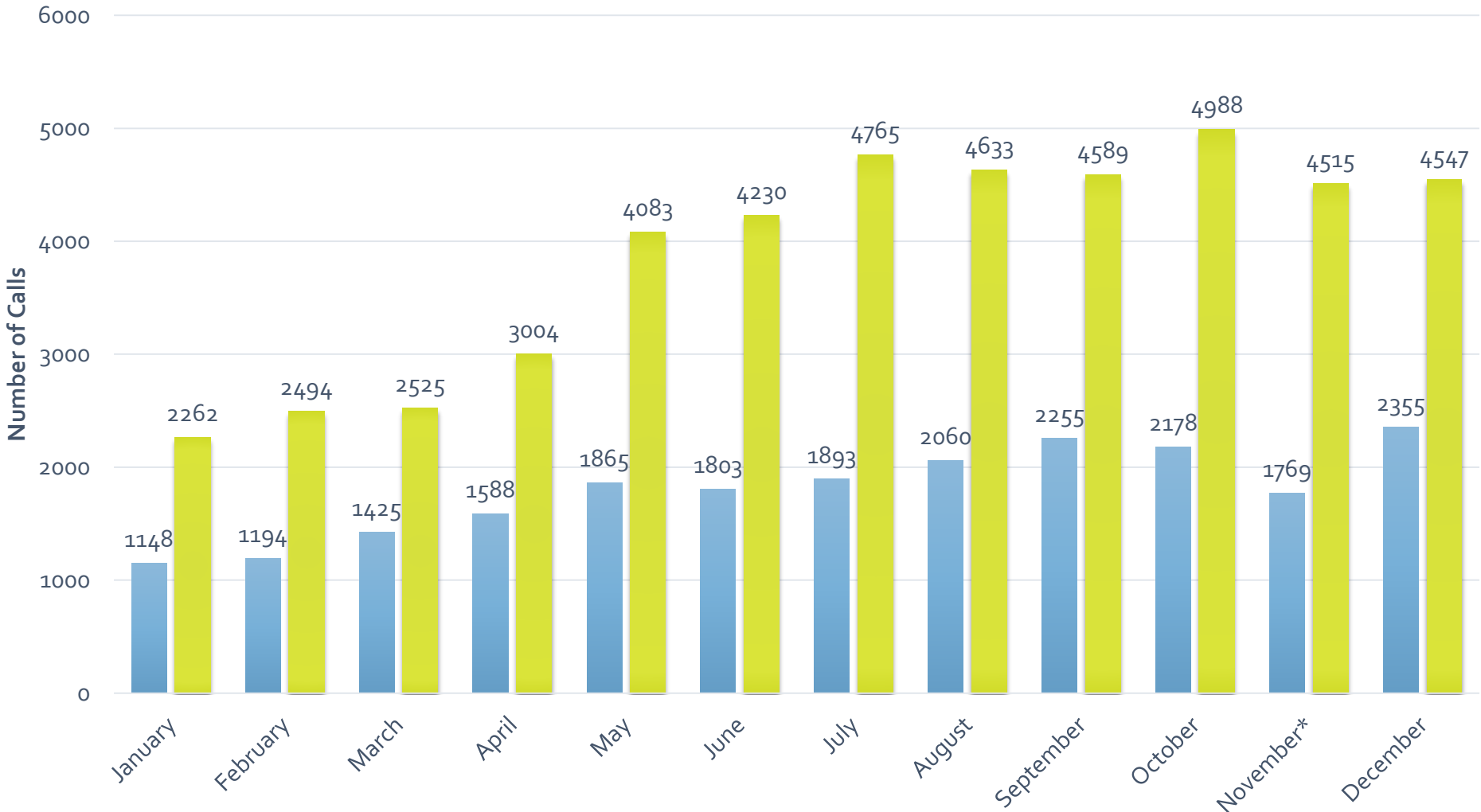
Wisconsin Lifeline

Year End 2022

Wisconsin Lifeline Call Volume by Month

1/1/21 – 12/31/22

2021 2022

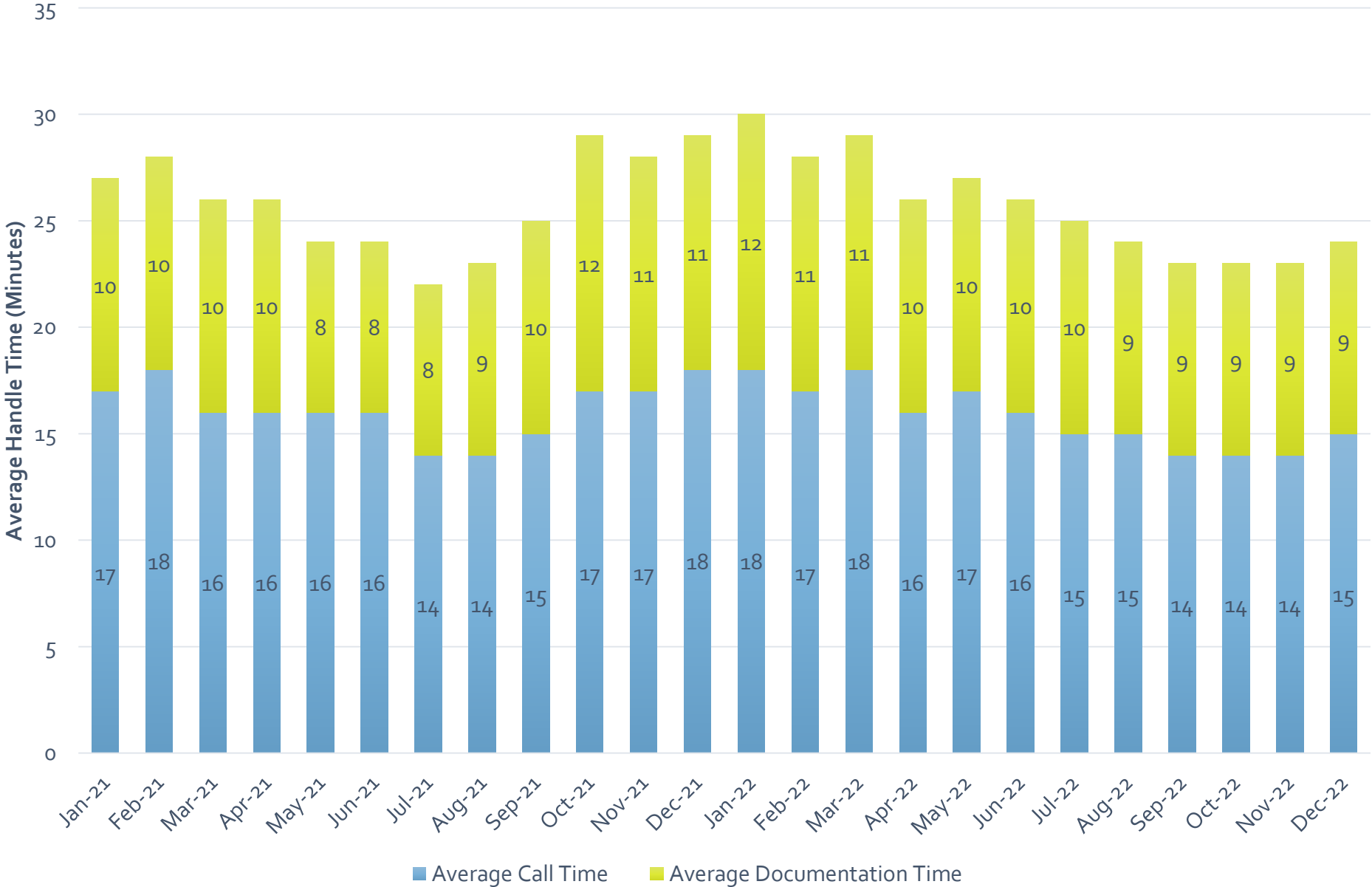


*November 2021 calls are reduced due to a routing issue for approximately 10 days.

Month	2021	2022
January	1148	2262
February	1194	2494
March	1425	2525
April	1588	3004
May	1865	4083
June	1803	4230
July	1893	4765
August	2060	4633
September	2255	4589
October	2178	4988
November*	1769	4515
December	2355	4547

Attachment: 5.6e WI Lifeline Data Year End 2022 (7550 : Human Services Director's

Wisconsin Lifeline Average Call Time by Month



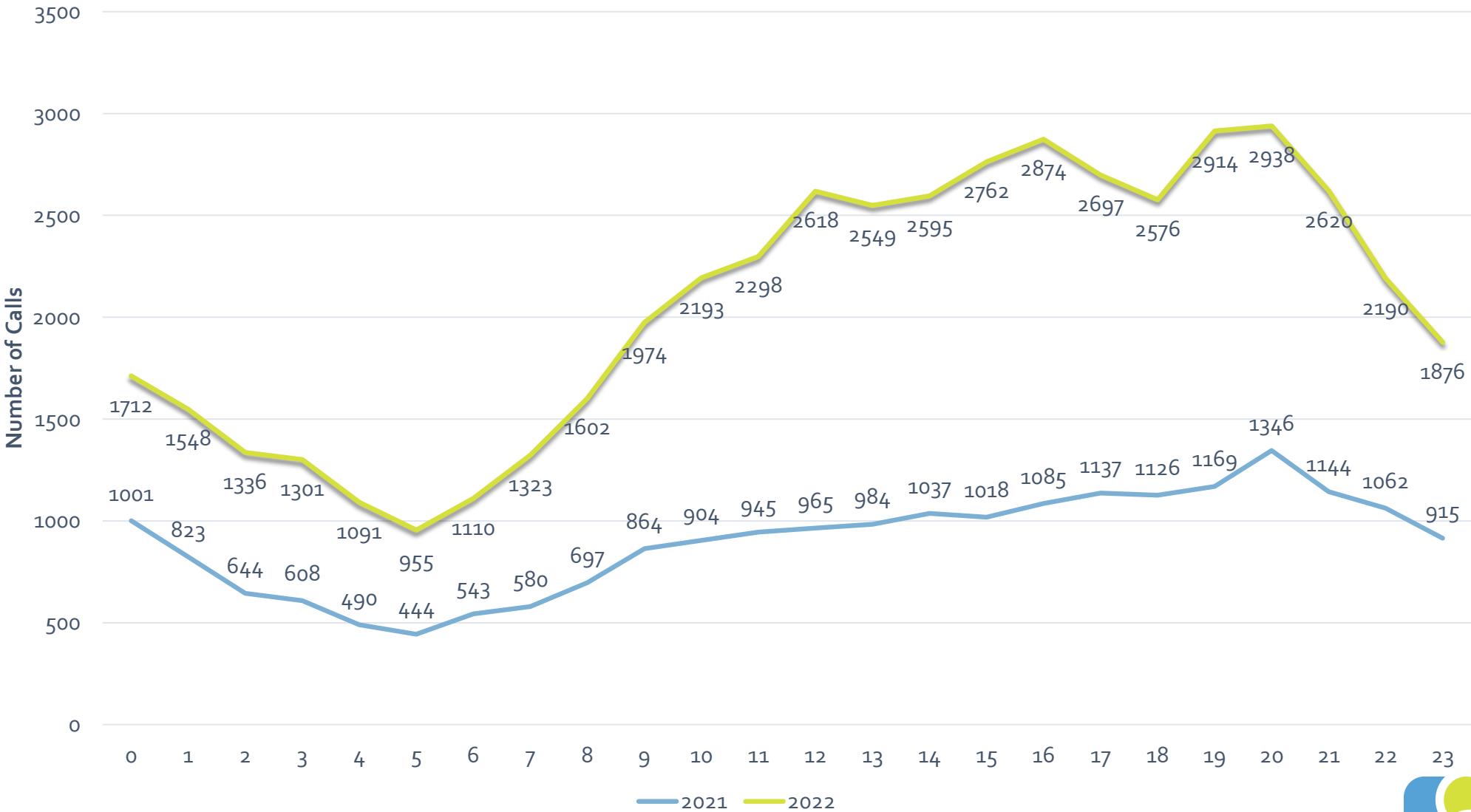
Month	Average Time
January 2021	27 min
February 2021	28 min
March 2021	26 min
April 2021	26 min
May 2021	24 min
June 2021	24 min
July 2021	22 min
August 2021	23 min
September 2021	25 min
October 2021	29 min
November 2021	28 min
December 2021	29 min
January 2022	30 min
February 2022	28 min
March 2022	29 min
April 2022	26 min
May 2022	27 min
June 2022	26 min
July 2022	25 min
August 2022	24 min
September 2022	23 min
October 2022	23 min
November 2022	23 min
December 2022	24 min

Attachment: 5.6e WI Lifeline Data Year End 2022 (7550 : Human Services Director's

5.6.g

Wisconsin Lifeline Call Volume by Hour of Day

1/1/21 – 12/31/22



Hour	2021 Calls	2022 Calls
0	1001	1712
1	823	1548
2	644	1336
3	608	1301
4	490	1091
5	444	955
6	543	1110
7	580	1323
8	697	1602
9	864	1974
10	904	2193
11	945	2298
12	965	2618
13	984	2549
14	1037	2595
15	1018	2762
16	1085	2874
17	1137	2697
18	1126	2576
19	1169	2914
20	1346	2938
21	1144	2620
22	1062	2190
23	915	1876

Attachment: 5.6e WI Lifeline Data Year End 2022 (7550 : Human Services Director's



Family Services

Wisconsin Lifeline

Packet Pg. 97

Call Volume by County

5.6.g

County	Q3 21	Q4 21	Q1 22	Q2 22	Q3 22	Q4 22
Adams	6	10	6	4	14	9
Ashland	4	11	3	9	8	17
Barron	166	25	37	30	122	67
Bayfield	12	8	7	6	6	9
Brown	196	253	316	298	324	390
Buffalo	10	20	10	21	59	55
Burnett	3	3	9	75	21	25
Calumet	13	13	9	14	13	21
Chippewa	37	28	52	29	26	12
Clark	12	4	7	6	12	21
Columbia	20	47	32	25	24	45
Crawford	3	7	8	1	5	6
Dane	171	181	159	548	726	742
Dodge	90	192	237	292	464	316
Door	3	6	7	9	16	8
Douglas	9	41	163	215	120	68
Dunn	25	19	16	10	15	21
Eau Claire	143	209	189	228	189	161

County	Q3 21	Q4 21	Q1 22	Q2 22	Q3 22	Q4 22
Florence	0	0	0	1	0	0
Fond du Lac	167	189	231	142	144	138
Forest	4	5	9	6	2	8
Grant	27	15	25	20	23	13
Green	14	10	18	11	15	56
Green Lake	7	14	15	10	8	12
Iowa	19	9	9	8	24	21
Iron	0	4	4	1	4	3
Jackson	16	10	17	46	37	60
Jefferson	37	71	299	1359	1070	155
Juneau	14	13	11	8	34	29
Kenosha	72	81	76	82	95	184
Kewaunee	5	3	2	10	4	10
La Crosse	494	331	317	497	283	378
Lafayette	3	12	9	2	9	20
Langlade	3	0	0	2	13	89
Lincoln	1	3	0	18	27	17
Manitowoc	51	30	19	34	39	149

County	Q3 21	Q4 21	Q1 22	Q2 22	Q3 22	Q4 22
Marathon	45	38	84	53	104	145
Marinette	17	30	65	38	25	14
Marquette	4	27	11	7	4	5
Menominee	8	2	7	4	9	3
Milwaukee	453	643	629	1403	2684	2870
Monroe	30	31	16	24	47	57
Oconto	30	32	40	11	53	35
Oneida	29	15	18	30	11	16
Outagamie	149	160	172	316	224	392
Ozaukee	124	201	280	381	315	407
Pepin	2	5	2	4	0	2
Pierce	105	85	94	97	78	40
Polk	26	21	24	17	20	20
Portage	582	74	261	72	213	150
Price	12	3	2	10	6	2
Racine	430	559	493	404	326	360
Richland	0	6	4	16	35	27
Rock	133	146	140	182	152	173

County	Q3 21	Q4 21	Q1 22	Q2 22	Q3 22	Q4 22
Rusk	3	2	4	3	2	
Sauk	33	56	30	34	32	
Sawyer	10	4	8	16	6	
Shawano	8	11	12	17	23	
Sheboygan	99	88	112	139	182	
St. Croix	37	29	38	87	82	
Taylor	3	3	1	3	7	
Trempealeau	19	14	18	11	6	
Vernon	13	26	28	5	3	
Vilas	13	16	18	1	13	
Walworth	138	298	438	390	68	3
Washburn	9	8	1	9	9	
Washington	39	55	50	80	124	5
Waukesha	185	367	533	904	1264	15
Waupaca	154	158	198	265	251	4
Waushara	11	9	16	7	8	
Winnebago	367	340	274	188	218	559
Wood	26	58	33			

Attachment: 5.6e WI Lifeline Data Year End 2022 (7550 : Human Services Director's

Western Region Calls

5.6.g

	January 2021	February 2021	March 2021	April 2021	May 2021	June 2021	July 2021	August 2021	September 2021	October 2021	November 2021	December 2021	Total
Barron	3	19	22	22	68	40	38	87	41	9	6	10	365
Buffalo	9	4	3	1	3	2	3	2	5	7	10	3	52
Burnett	2	0	0	3	4	0	1	0	2	1	1	1	15
Chippewa	3	4	3	8	6	6	11	14	12	5	5	18	95
Clark	1	5	1	7	3	9	3	4	5	3	0	1	42
Douglas	4	1	1	1	7	4	2	4	3	7	5	29	68
Dunn	3	3	5	7	5	7	6	8	11	10	2	7	74
Eau Claire	43	36	34	52	61	62	47	62	34	56	82	71	640
Jackson	1	2	4	4	3	2	6	7	3	5	3	2	42
La Crosse	48	119	150	128	156	187	197	129	168	156	91	84	1613
Monroe	5	8	8	12	10	5	8	12	10	11	11	9	109
Pepin	0	0	0	2	0	0	1	1	0	1	2	2	9
Pierce	5	2	3	15	23	16	43	36	26	41	18	26	254
Polk	6	4	10	2	4	2	5	7	14	10	6	5	75
Rusk	5	1	2	2	0	1	1	1	1	1	0	1	16
St. Croix	5	8	21	9	9	15	14	13	10	10	11	8	133
Trempealeau	15	3	6	1	7	3	8	8	3	6	5	3	68
Washburn	0	1	3	1	1	0	1	4	4	7	0	1	23

Attachment: 5.6e WI Lifeline Data Year End 2022 (7550 : Human Services Director's

Total Western Region Calls: 3693

Western Region Calls

5.6.g

	January 2022	February 2022	March 2022	April 2022	May 2022	June 2022	July 2022	August 2022	September 2022	October 2022	November 2022	December 2022	Total
Barron	20	4	13	7	11	12	29	44	49	22	33	14	258
Buffalo	1	5	4	1	7	13	19	21	19	12	14	29	145
Burnett	2	4	3	45	23	7	2	5	14	0	17	8	130
Chippewa	9	3	40	12	9	8	5	15	6	4	5	4	120
Clark	0	3	4	0	1	5	2	5	5	14	9	7	55
Douglas	38	55	70	80	61	74	50	36	34	31	24	17	570
Dunn	5	5	6	1	5	4	6	6	3	11	6	7	65
Eau Claire	71	53	65	94	71	63	78	54	57	57	55	62	780
Jackson	5	2	10	13	20	13	9	16	12	9	25	26	160
La Crosse	70	124	123	178	217	102	104	96	83	110	151	127	1485
Monroe	5	8	3	7	9	8	8	15	24	16	30	16	149
Pepin	0	2	0	0	2	2	0	0	0	1	0	1	8
Pierce	32	25	37	35	30	32	31	27	20	22	9	10	310
Polk	6	8	10	7	4	6	5	9	6	7	6	7	81
Rusk	0	0	4	1	0	2	0	0	2	6	0	0	15
St. Croix	13	13	12	21	37	29	29	19	34	51	12	4	274
Trempealeau	1	8	9	5	3	3	2	1	3	2	1	2	40
Washburn	0	0	1	1	4	4	1	5	3	3	3	4	29

Attachment: 5.6e WI Lifeline Data Year End 2022 (7550 : Human Services Director's

Total Western Region Calls YTD: 4674

Southern Region Calls

5.6.g

	January 2021	February 2021	March 2021	April 2021	May 2021	June 2021	July 2021	August 2021	September 2021	October 2021	November 2021	December 2021	Total
Adams	0	4	4	0	0	0	3	1	2	3	2	5	24
Columbia	7	7	7	9	10	10	9	7	4	13	15	19	117
Crawford	1	3	0	0	0	0	1	1	1	2	4	1	14
Dane	49	28	31	42	55	71	57	51	63	95	50	36	628
Dodge	15	24	20	10	19	22	21	28	41	48	55	89	392
Grant	6	3	6	2	6	4	9	7	11	7	2	6	69
Green	2	5	10	3	3	2	6	4	4	2	2	6	49
Iowa	1	0	2	1	0	1	3	5	11	6	0	3	33
Juneau	3	4	2	8	0	1	3	6	5	3	7	3	45
Lafayette	1	0	0	0	0	0	0	0	3	3	0	9	16
Richland	2	1	0	4	1	0	0	0	0	4	2	0	14
Rock	33	25	35	46	48	48	46	34	53	49	43	54	514
Sauk	7	8	12	9	6	13	11	13	9	23	11	22	144
Vernon	3	1	6	3	2	2	1	5	7	14	5	7	56

Total Southern Region Calls: 2115

Southern Region Calls

5.6.g

	January 2022	February 2022	March 2022	April 2022	May 2022	June 2022	July 2022	August 2022	September 2022	October 2022	November 2022	December 2022	Total
Adams	1	1	4	1	1	2	6	8	0	2	3	4	33
Columbia	3	15	14	10	9	6	11	7	6	15	17	15	128
Crawford	4	2	2	0	0	1	1	3	1	3	2	1	20
Dane	25	31	103	167	195	186	185	268	273	303	246	257	2239
Dodge	61	67	109	92	80	120	146	154	164	213	91	56	1353
Grant	7	13	5	8	5	7	8	7	8	10	3	2	83
Green	4	9	5	5	1	5	3	5	7	4	18	37	103
Iowa	1	2	6	5	2	1	7	3	14	8	8	8	65
Juneau	7	1	3	2	5	1	6	17	11	5	18	6	82
Lafayette	2	0	7	0	2	0	1	3	5	1	8	13	42
Richland	1	2	1	5	5	6	3	15	17	9	15	3	82
Rock	51	36	53	76	55	51	66	46	40	48	84	64	670
Sauk	13	5	12	14	11	9	12	7	13	10	22	21	149
Vernon	11	8	9	4	0	1	0	2	1	5	0	4	45

Attachment: 5.6e WI Lifeline Data Year End 2022 (7550 : Human Services Director's

Total Southern Region Calls YTD: 5094

Southeast Region Calls

5.6.g

	January 2021	February 2021	March 2021	April 2021	May 2021	June 2021	July 2021	August 2021	September 2021	October 2021	November 2021	December 2021	<u>Total</u>
Jefferson	9	9	18	7	12	12	15	9	13	14	23	34	175
Kenosha	30	29	26	33	32	18	28	21	23	34	27	20	321
Milwaukee	119	94	122	141	97	126	126	147	180	260	149	234	1795
Ozaukee	21	24	42	46	94	57	61	30	33	63	68	70	609
Racine	53	52	69	53	92	73	74	150	206	202	164	193	1381
Walworth	11	6	19	129	56	24	19	7	112	81	114	103	681
Washington	20	26	11	10	17	11	12	14	13	23	8	24	189
Waukesha	62	74	73	71	59	63	49	63	73	92	95	180	954

Total Southeast Region Calls: 6105

Southeast Region Calls

5.6.g

	January 2022	February 2022	March 2022	April 2022	May 2022	June 2022	July 2022	August 2022	September 2022	October 2022	November 2022	December 2022	Total
Jefferson	38	80	181	311	358	690	664	260	146	48	50	60	2886
Kenosha	20	19	37	30	29	23	36	19	40	43	94	52	442
Milwaukee	272	184	173	240	546	617	681	1030	973	1151	998	826	7691
Ozaukee	83	141	56	117	186	78	141	70	104	257	98	53	1384
Racine	155	154	184	179	115	110	113	122	91	99	172	124	1618
Walworth	108	205	125	279	77	34	42	13	13	22	24	160	1102
Washington	21	18	11	39	23	18	32	37	55	50	67	74	445
Waukesha	193	183	157	163	331	410	431	416	417	492	448	433	4074

Total Southeast Region Calls YTD: 19,642

Northern Region Calls

5.6.g

	January 2021	February 2021	March 2021	April 2021	May 2021	June 2021	July 2021	August 2021	September 2021	October 2021	November 2021	December 2021	<u>Total</u>
Ashland	4	2	1	1	3	5	2	2	0	3	4	4	31
Bayfield	1	0	2	1	3	0	5	2	5	4	2	2	27
Florence	0	0	1	0	0	0	0	0	0	0	0	0	1
Forest	0	1	3	0	2	0	1	2	1	2	0	3	15
Iron	3	0	0	0	2	0	0	0	0	0	1	3	9
Langlade	0	0	0	0	0	0	0	1	2	0	0	0	3
Lincoln	2	2	0	0	0	0	0	1	0	1	2	0	8
Marathon	7	9	4	10	9	10	14	17	14	23	9	6	132
Oneida	9	2	7	3	4	7	7	11	11	7	7	1	76
Portage	16	11	25	119	195	227	238	182	162	17	19	38	1249
Price	0	3	1	3	3	0	3	6	3	0	1	2	25
Sawyer	7	1	6	2	7	3	0	5	5	0	3	1	40
Taylor	3	0	3	3	6	1	2	1	0	2	0	1	22
Vilas	3	1	1	1	0	3	5	1	7	7	3	6	38
Wood	11	14	15	13	19	18	3	8	14	7	24	27	173

Attachment: 5.6e WI Lifeline Data Year End 2022 (7550 : Human Services Director's

Total Northern Region Calls: 1849

Northern Region Calls

5.6.g

	January 2022	February 2022	March 2022	April 2022	May 2022	June 2022	July 2022	August 2022	September 2022	October 2022	November 2022	December 2022	Total
Ashland	0	1	2	4	1	4	3	5	0	2	4	11	37
Bayfield	2	3	2	4	1	1	0	2	4	7	2	0	28
Florence	0	0	0	0	1	0	0	0	0	0	0	0	1
Forest	4	0	5	3	1	2	0	1	1	2	5	2	26
Iron	0	4	0	0	0	1	0	3	1	1	2	0	12
Langlade	0	0	0	0	2	0	4	3	6	78	11	3	107
Lincoln	0	0	0	1	9	8	7	9	11	6	6	5	62
Marathon	7	34	43	7	26	20	25	38	41	39	21	93	394
Oneida	8	5	5	15	4	11	1	5	5	5	5	6	75
Portage	97	141	23	15	27	30	21	109	83	82	52	25	705
Price	0	0	2	0	3	7	3	1	2	0	1	1	20
Sawyer	1	7	0	2	6	8	2	4	0	1	2	9	42
Taylor	0	1	0	1	1	1	3	0	4	0	6	0	17
Vilas	8	7	3	0	0	1	3	0	10	24	11	15	82
Wood	15	8	10	3	15	22	11	19	22	31	19	29	204

Attachment: 5.6e WI Lifeline Data Year End 2022 (7550 : Human Services Director's

Total Northern Region Calls YTD: 1812

Northeast Region Calls

5.6.g

	January 2021	February 2021	March 2021	April 2021	May 2021	June 2021	July 2021	August 2021	September 2021	October 2021	November 2021	December 2021	Total
Brown	39	37	42	47	75	76	71	84	41	57	98	98	765
Calumet	2	3	3	6	3	2	2	7	4	4	2	7	45
Door	5	3	4	6	1	2	1	1	1	1	1	4	30
Fond du Lac	19	35	24	48	64	50	63	56	48	51	47	91	596
Green Lake	4	2	4	4	7	15	1	4	2	5	1	8	57
Kewaunee	3	0	0	2	0	2	1	2	2	3	0	0	15
Manitowoc	16	16	15	10	11	6	11	21	19	13	13	4	155
Marinette	3	9	4	7	2	4	5	9	3	7	11	12	76
Marquette	6	4	2	3	2	2	2	2	0	0	13	14	50
Menominee	1	4	4	4	1	1	1	3	4	2	0	0	25
Oconto	5	3	12	9	10	13	11	11	8	7	6	19	114
Outagamie	39	45	51	45	39	59	49	45	55	59	62	39	587
Shawano	3	5	8	2	1	6	1	5	2	6	4	1	44
Sheboygan	32	14	20	16	27	31	25	34	40	42	21	25	327
Waupaca	32	32	33	42	41	46	48	49	57	58	55	45	538
Waushara	6	8	7	0	1	2	3	7	1	2	4	3	44
Winnebago	27	51	47	48	66	47	66	120	181	108	47	185	993

Attachment: 5.6e WI Lifeline Data Year End 2022 (7550 : Human Services Director's

Total Northeast Region Calls: 4461

Northeast Region Calls

5.6.g

	January 2022	February 2022	March 2022	April 2022	May 2022	June 2022	July 2022	August 2022	September 2022	October 2022	November 2022	December 2022	Total
Brown	92	123	101	109	88	101	96	108	120	172	150	97	1357
Calumet	6	1	2	5	6	3	3	8	2	12	11	6	65
Door	4	1	2	3	2	4	6	4	6	1	4	3	40
Fond du Lac	62	100	69	51	41	50	41	51	52	30	82	32	661
Green Lake	8	2	5	7	2	1	5	0	3	5	4	3	45
Kewaunee	1	1	0	4	3	3	1	2	1	1	6	3	26
Manitowoc	9	6	4	11	14	9	12	12	15	26	51	75	244
Marinette	12	39	14	14	19	5	18	5	2	5	6	4	143
Marquette	4	2	5	5	2	0	1	3	0	1	2	2	27
Menominee	2	4	1	2	1	1	5	3	1	1	1	1	23
Oconto	13	16	11	5	2	4	20	11	22	25	15	3	147
Outagamie	55	39	78	95	122	99	62	87	75	153	84	180	1129
Shawano	5	4	3	3	9	5	7	4	12	11	20	13	96
Sheboygan	21	42	49	46	45	48	57	69	56	72	51	51	607
Waupaca	58	75	65	103	77	85	88	95	68	86	88	101	989
Waushara	4	6	6	3	3	1	3	2	3	6	2	1	40
Winnebago	166	72	36	61	89	38	42	54	122	155	193	238	1266

Attachment: 5.6e WI Lifeline Data Year End 2022 (7550 : Human Services Director's

Total Northeast Region Calls YTD: 6905

2021 Frequent Caller Calls

5.6.g

	January 2021	February 2021	March 2021	April 2021	May 2021	June 2021	July 2021	August 2021	September 2021	October 2021	November 2021	December 2021	<u>Total</u>
La Crosse	48	119	150	128	156	187	197	129	168	156	91	84	1613
Frequent Caller	0	73	93	99	125	161	165	88	123	103	68	55	1153
Non-Frequent	48	46	57	29	31	26	32	41	45	53	23	29	460
Portage	16	11	25	119	195	227	238	182	162	17	19	38	1249
Frequent Caller	10	2	17	119	162	216	237	181	144	0	0	28	1116
Non-Frequent	6	9	8	0	33	11	1	1	18	17	19	10	133
Walworth	11	6	19	129	56	24	19	7	112	81	114	103	681
Frequent Caller	0	0	8	114	37	0	0	4	96	65	84	89	497
Non-Frequent	11	6	11	15	19	24	19	3	16	16	30	14	184
Winnebago	27	51	47	48	66	47	66	120	181	108	47	185	993
Frequent Caller	0	0	0	9	6	18	6	70	108	69	13	154	453
Non-Frequent	27	51	47	39	60	29	60	50	73	39	34	31	540

Attachment: 5.6e WI Lifeline Data Year End 2022 (7550 : Human Services Director's

2022 Frequent Caller Calls (1 of 2)

5.6.g

	January 2022	February 2022	March 2022	April 2022	May 2022	June 2022	July 2022	August 2022	September 2022	October 2022	November 2022	December 2022	<u>Total</u>
Dodge	61	67	109	88	80	120	146	154	164	213	91	56	1349
Frequent Caller	48	51	90	72	67	104	126	132	105	106	37	55	993
Non-Frequent	13	16	19	16	13	16	20	22	59	107	54	1	356
Douglas	40	57	72	80	61	74	50	36	34	31	24	17	576
Frequent Caller	32	53	70	67	57	66	38	34	28	25	19	12	501
Non-Frequent	8	4	2	13	4	8	12	2	6	6	5	5	75
Jefferson	38	80	181	301	358	690	662	260	146	48	50	60	2874
Frequent Caller	0	0	37	259	323	652	618	218	103	22	0	0	2232
Non-Frequent	38	80	144	42	35	38	44	42	43	26	50	60	642
La Crosse	70	124	123	137	217	102	104	96	83	110	151	127	1444
Frequent Caller	61	46	51	23	75	32	33	41	43	12	77	48	542
Non-Frequent	9	78	72	114	142	70	71	55	40	98	74	79	902
Milwaukee	272	184	173	240	546	617	681	1030	973	1151	998	826	7691
Frequent Caller 1	72	28	31	42	58	130	91	138	129	140	92	89	1040
Frequent Caller 2	0	0	0	0	0	0	0	139	123	57	34	60	413
Frequent Caller 3	1	1	0	1	10	1	23	97	119	171	156	88	668
Non-Frequent	200	156	142	198	488	487	590	656	602	783	716	589	5607

Attachment: 5.6e WI Lifeline Data Year End 2022 (7550 : Human Services Director's

2022 Frequent Caller Calls (2 of 2)

5.6.g

	January 2022	February 2022	March 2022	April 2022	May 2022	June 2022	July 2022	August 2022	September 2022	October 2022	November 2022	December 2022	<u>Total</u>
Ozaukee	83	141	56	116	186	78	141	70	104	257	98	53	1383
Frequent Caller	75	133	52	112	179	64	134	57	74	201	76	25	1182
Non-Frequent	8	8	4	4	7	14	7	13	30	56	22	28	201

Portage	97	141	23	15	27	30	21	109	83	82	52	25	705
Frequent Caller	0	0	0	0	0	0	0	78	54	43	28	6	209
Non-Frequent	97	141	23	15	27	30	21	31	29	39	24	9	486

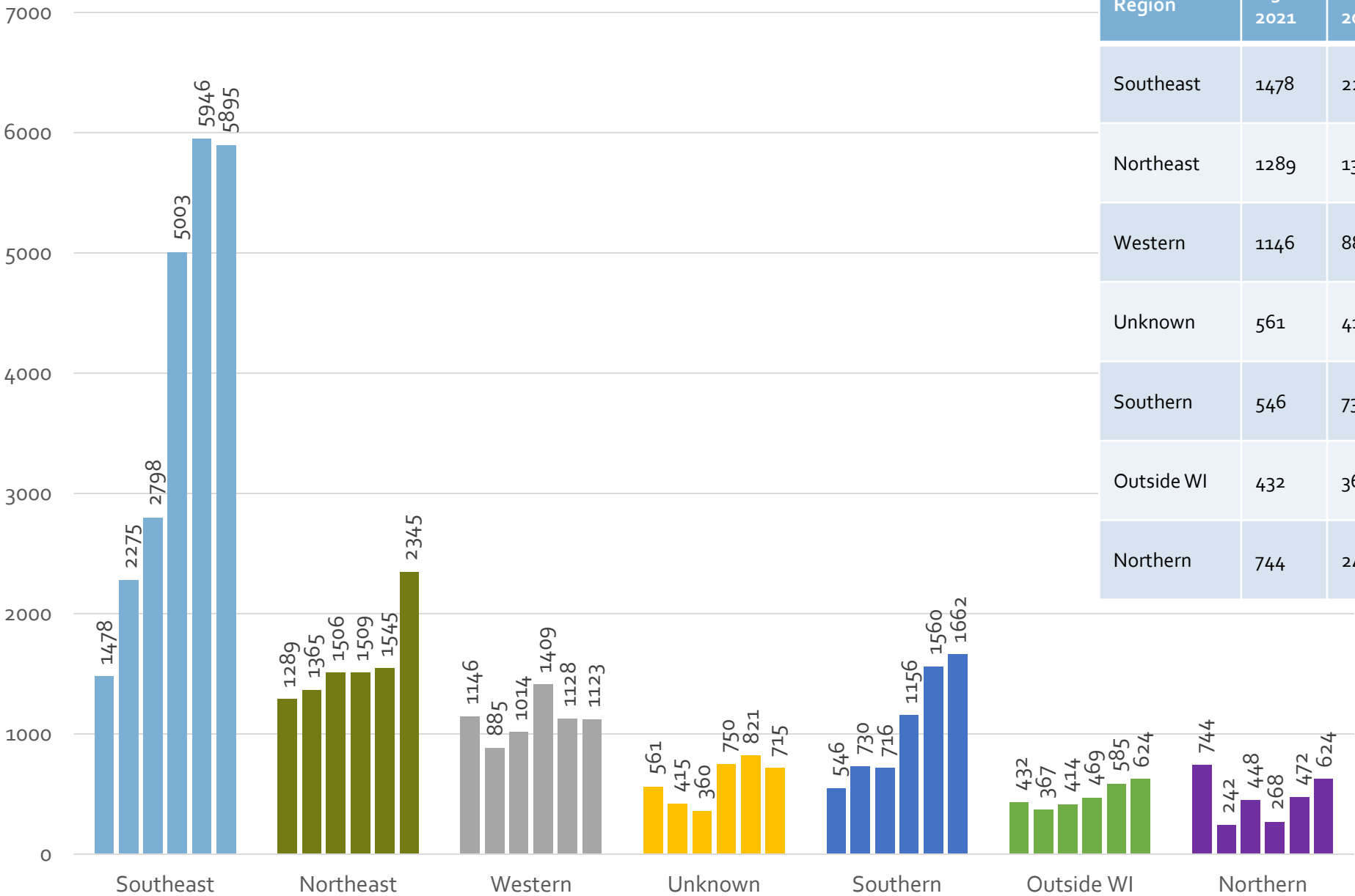
Racine	155	154	184	176	115	110	113	122	91	99	172	124	1615
Frequent Caller	77	75	105	94	31	52	41	54	52	39	56	72	748
Non-Frequent	78	79	79	82	84	58	72	68	39	60	116	52	867

Walworth	108	205	125	265	77	34	42	13	13	22	24	160	1088
Frequent Caller	104	203	119	270*	82*	0	0	0	0	0	0	143	569
Non-Frequent	4	2	6	11	26	34	42	13	13	22	24	17	214

Waukesha	193	183	157	152	331	410	431	416	417	492	448	433	4063
Frequent Caller 1	70	37	57	68	137	185	139	130	136	158	114	121	1352
Frequent Caller 2	1	0	3	38	99	143	105	95	126	142	127	135	1014
Frequent Caller 3	0	0	0	0	0	1	112	110	88	115	109	95	630
Non-Frequent	122	146	97	46	95	82	75	81	67	77	98	82	1008

Attachment: 5.6e WI Lifeline Data Year End 2022 (7550 : Human Services Director's

Wisconsin Lifeline Calls by Region

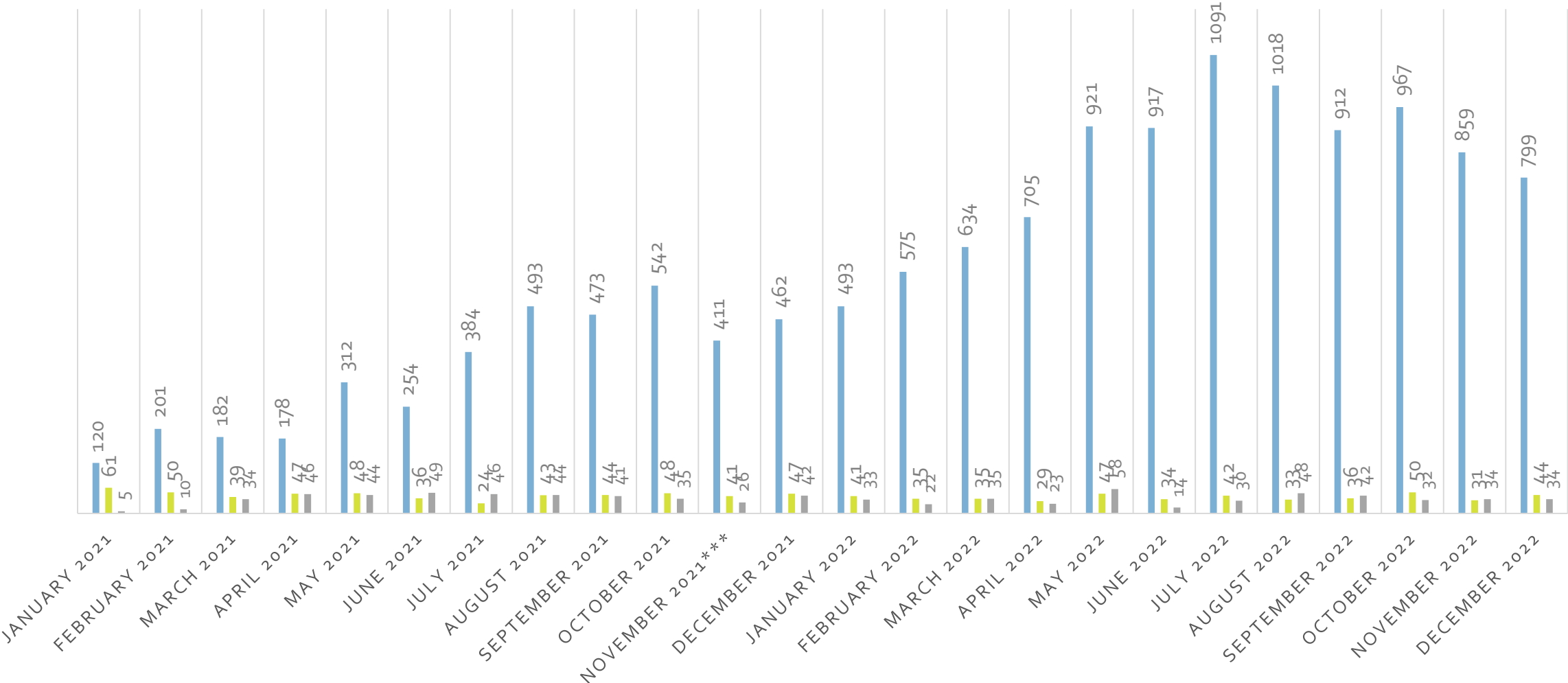


Region	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022
Southeast	1478	2275	2798	5003	5946	5895
Northeast	1289	1365	1506	1509	1545	2345
Western	1146	885	1014	1409	1128	1123
Unknown	561	415	360	750	821	715
Southern	546	730	716	1156	1560	1662
Outside WI	432	367	414	469	585	624
Northern	744	242	448	268	472	624

Number of Outbound Calls

OUTBOUND CALLS BY MONTH

Follow Ups* Welfare Checks/EMS** Local Crisis Transfer

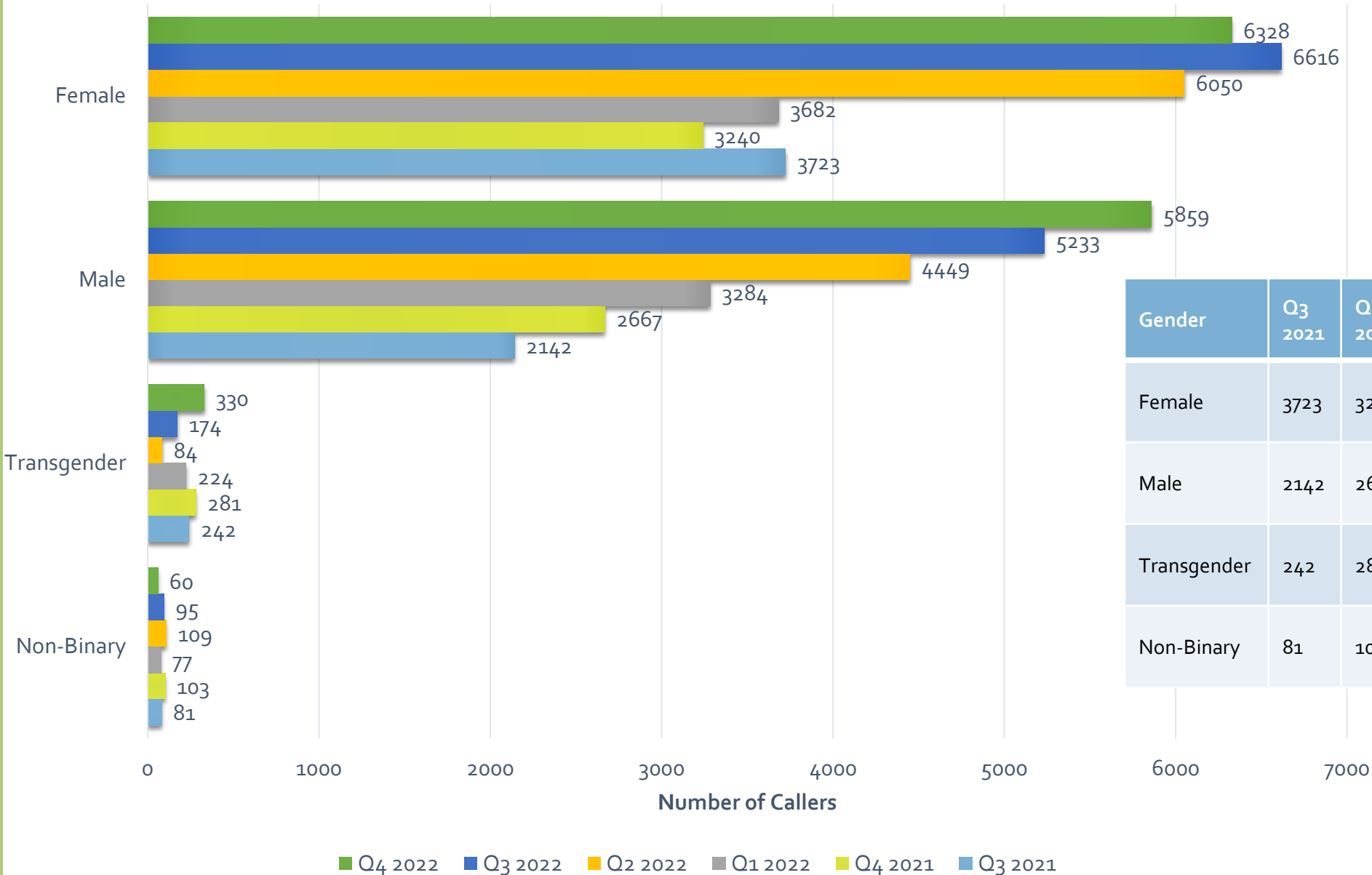


*Follow up numbers are approximate. Follow ups could include up to three attempts per scheduled follow up.

**Welfare Checks/EMS are approximate and likely include a second outbound follow up call for each.

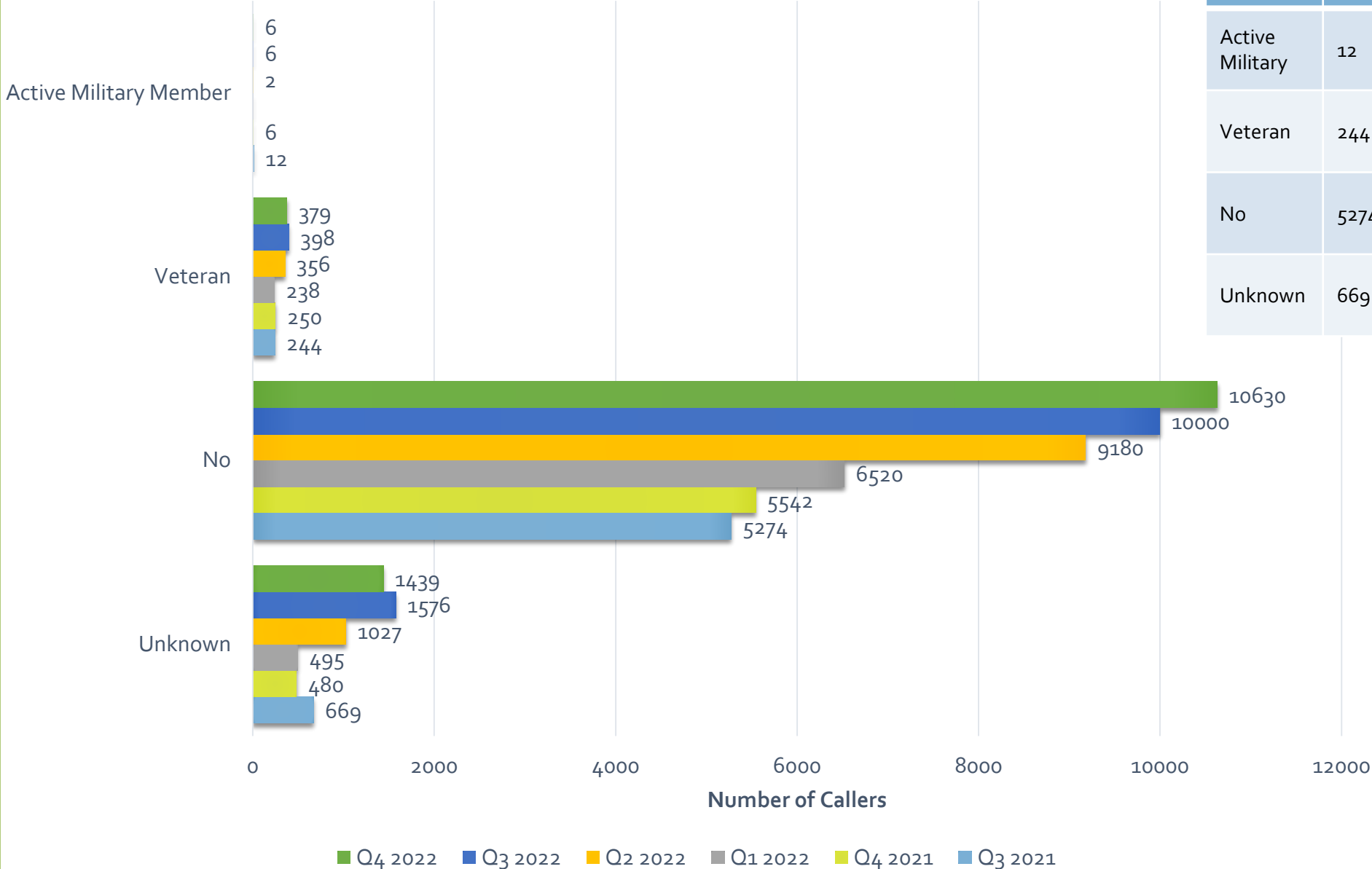
***November 2021 calls are reduced due to a routing issue for approximately 10 days.

Wisconsin Lifeline Caller Gender



Gender	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022
Female	3723	3240	3682	6050	6616	6328
Male	2142	2667	3284	4449	5233	5859
Transgender	242	281	224	84	174	330
Non-Binary	81	103	77	109	95	60

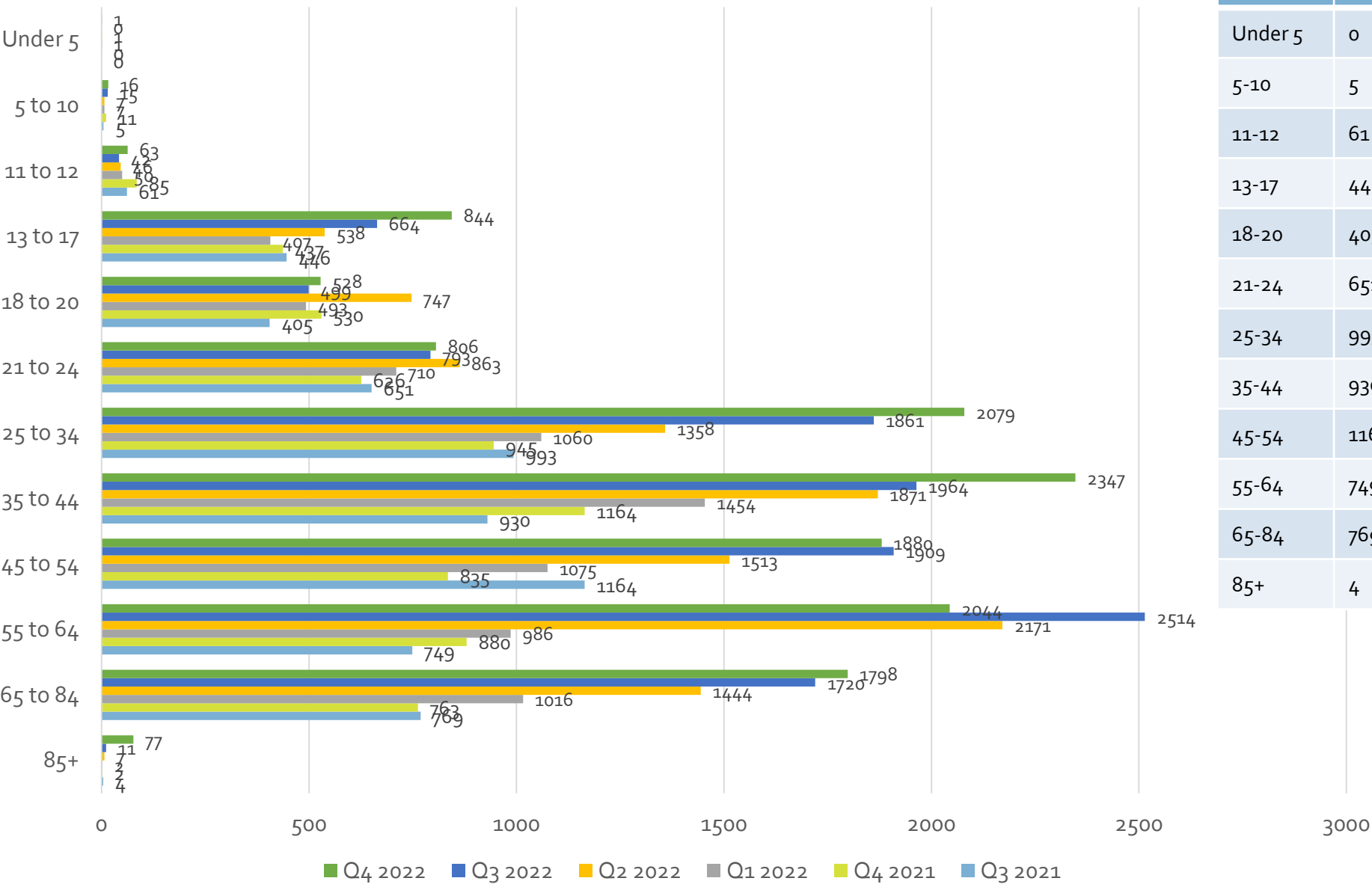
Wisconsin Lifeline Caller Veteran Status



Veteran Status	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022
Active Military Member	12	6	6	2	6	6
Veteran	244	250	238	356	398	379
No	5274	5542	6520	9180	10,000	10,630
Unknown	669	480	495	1027	1576	1439

Attachment: 5.6e WI Lifeline Data Year End 2022 (7550 : Human Services Director's

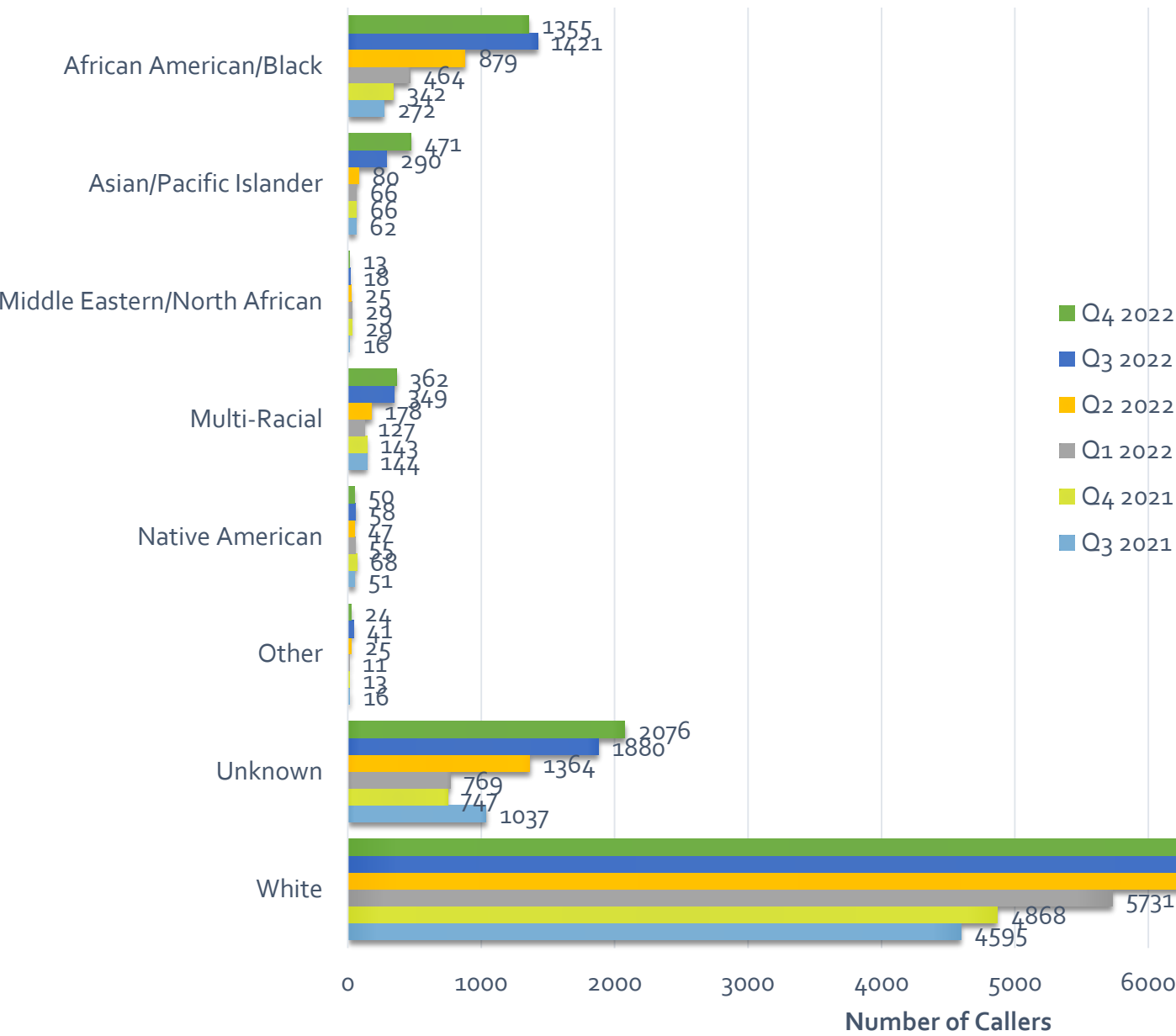
Wisconsin Lifeline Caller Age Range



Age Range	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022
Under 5	0	0	1	1	0	1
5-10	5	11	7	7	15	16
11-12	61	85	50	46	42	63
13-17	446	437	407	538	664	844
18-20	405	530	493	747	499	528
21-24	651	626	710	863	793	806
25-34	993	945	1060	1358	1861	2079
35-44	930	1164	1454	1871	1964	2347
45-54	1164	835	1075	1513	1909	1880
55-64	749	880	986	2171	2514	2044
65-84	769	763	1016	1444	1720	1798
85+	4	2	2	7	11	77

Attachment: 5.6e WI Lifeline Data Year End 2022 (7550 : Human Services Director's

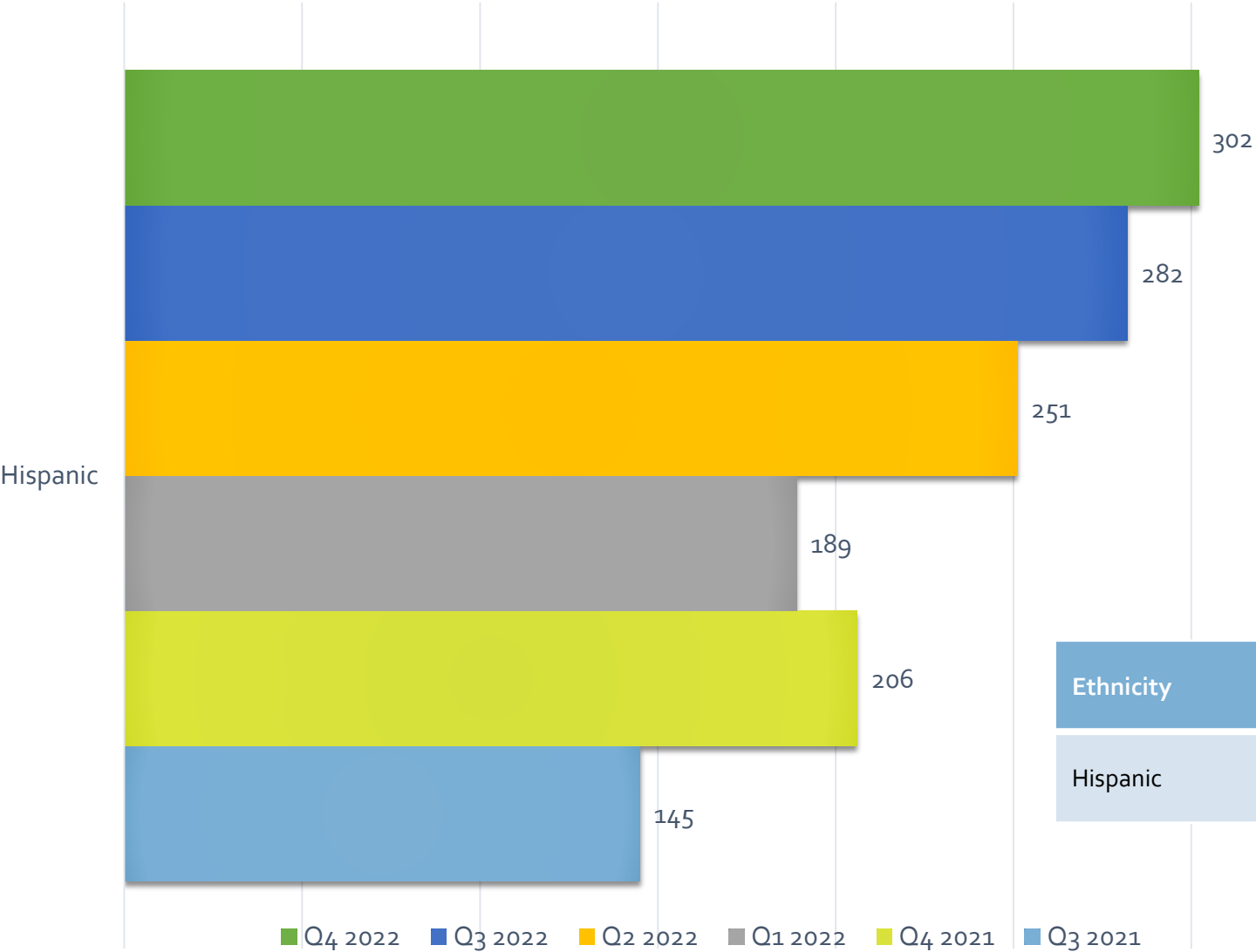
Wisconsin Lifeline Caller Race



Race	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022
African American/Black	272	342	464	879	1421	1355
Asian/Pacific Islander	62	66	66	80	290	471
Middle Eastern/North African	13	18	25	25	29	16
Multi-Racial	144	143	127	178	349	362
Native American	51	68	55	47	58	50
Other	16	13	11	25	41	24
Unknown	1037	747	769	1364	1880	2076
White	4595	4868	5731	7963	7910	7799

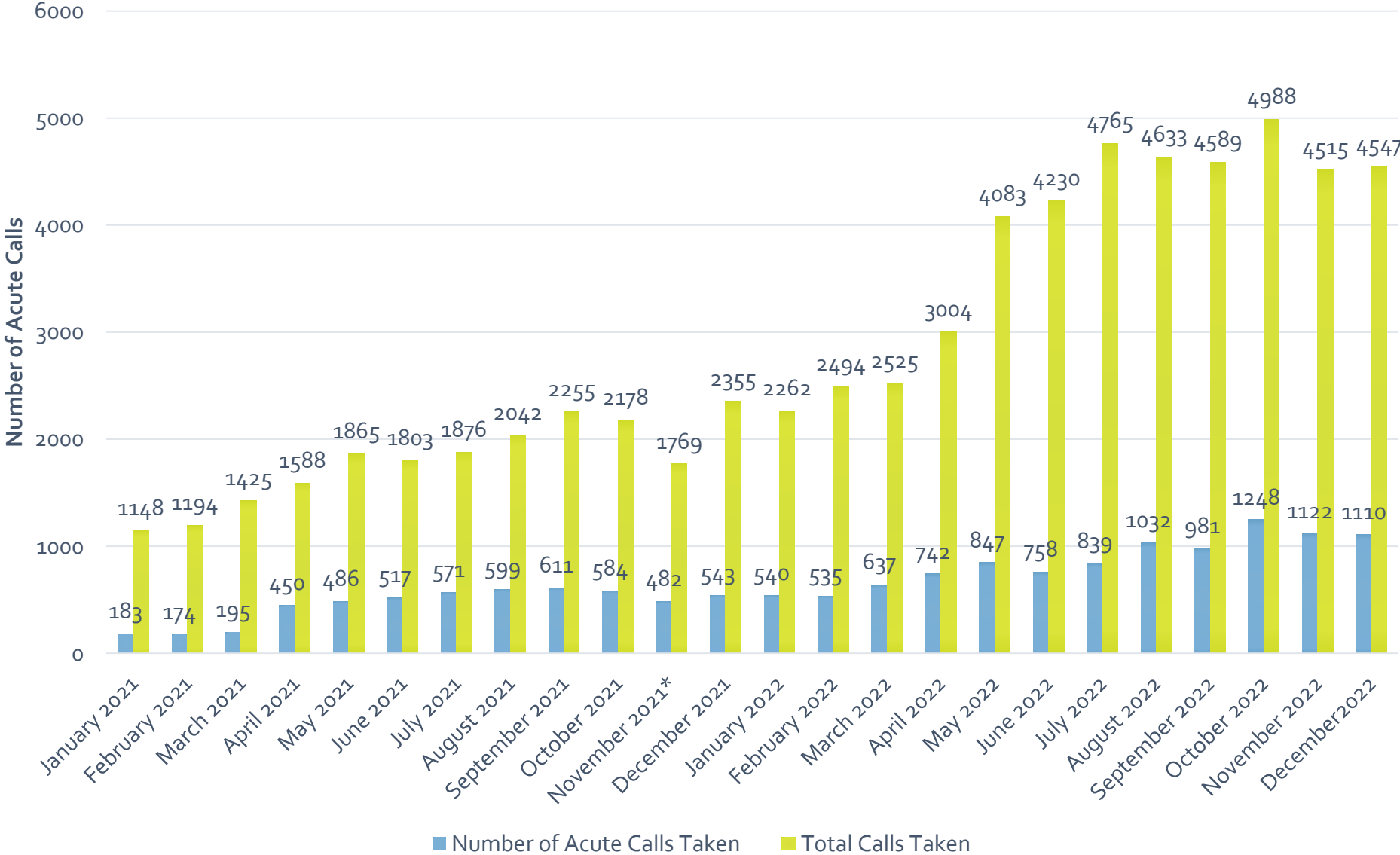
Attachment: 5.6e WI Lifeline Data Year End 2022 (7550 : Human Services Director's

Wisconsin Lifeline Caller Ethnicity



Ethnicity	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022
Hispanic	145	206	189	251	282	302

Wisconsin Lifeline Acute Calls



*November 2021 calls are reduced due to a routing issue for approximately 10 days.

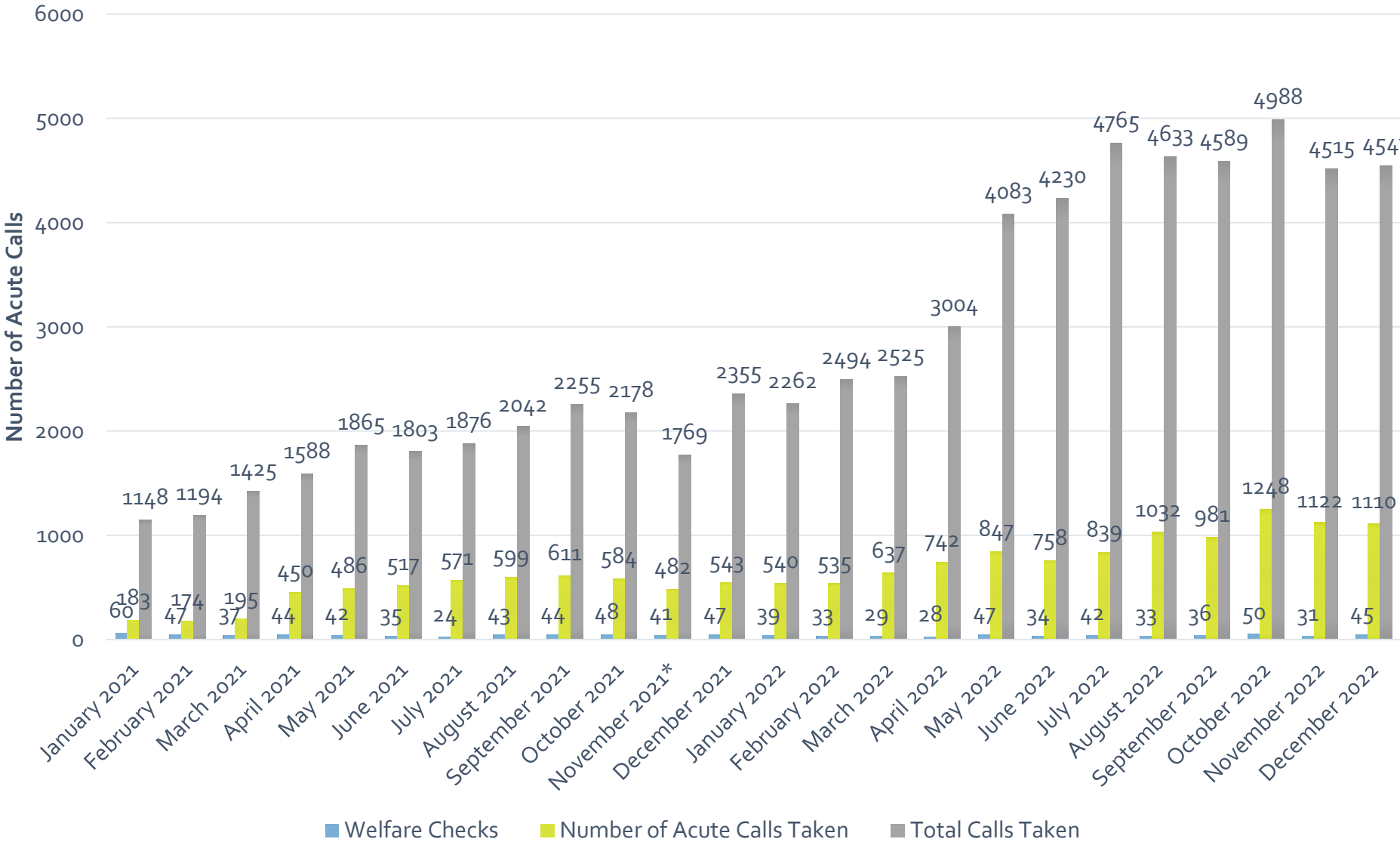
Month	Acute Calls	Pct of Total
January 2021	183	16%
February 2021	174	15%
March 2021	195	14%
April 2021	450	28%
May 2021	486	26%
June 2021	517	29%
July 2021	571	30%
August 2021	599	29%
September 2021	611	27%
October 2021	584	27%
November 2021*	482	27%
December 2021	543	23%
January 2022	540	24%
February 2022	535	21%
March 2022	637	25%
April 2022	742	25%
May 2022	847	21%
June 2022	758	18%
July 2022	839	18%
August 2022	1032	22%
September 2022	981	21%
October 2022	1248	25%
November 2022	1122	25%
December 2022	1110	

5.6g

Attachment: 5.6e WI Lifeline Data Year End 2022 (7550 : Human Services Director's

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Wisconsin Lifeline Acute Calls



*November 2021 calls are reduced due to a routing issue for approximately 10 days.

Month	Welfare Checks	5.6.g of Callers
January 2021	60	5%
February 2021	47	4%
March 2021	37	3%
April 2021	44	3%
May 2021	42	2%
June 2021	35	2%
July 2021	24	1%
August 2021	43	2%
September 2021	44	2%
October 2021	48	2%
November 2021*	41	2%
December 2021	47	2%
January 2022	39	2%
February 2022	33	1%
March 2022	29	1%
April 2022	28	1%
May 2022	47	1%
June 2022	34	1%
July 2022	42	1%
August 2022	33	<1%
September 2022	36	1%
October 2022	50	1%
November 2022	31	<1%
December 2022	45	1%

Attachment: 5.6e WI Lifeline Data Year End 2022 (7550 : Human Services Director's

Western Region Acute Callers

5.6.g

	<u>Q1 2021</u> <u>Acute Callers</u>		<u>Q1 2021</u> <u>Welfare Checks</u>		<u>Q2 2021</u> <u>Acute Callers</u>		<u>Q2 2021</u> <u>Welfare Checks</u>		<u>Q3 2021</u> <u>Acute Callers</u>		<u>Q3 2021</u> <u>Welfare Checks</u>		<u>Q4 2021</u> <u>Acute Callers</u>		<u>Q4 2021</u> <u>Welfare Checks</u>	
Barron	5	11%	1	2%	29	22%	2	1%	5	3%	0	0%	3	12%	0	0%
Buffalo	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	5%	0	0%
Burnett	1	50%	0	0%	0	0%	0	0%	1	33%	0	0%	0	0%	0	0%
Chippewa	1	10%	0	0%	10	50%	1	5%	5	14%	0	0%	9	32%	1	4%
Clark	0	0%	0	0%	6	32%	2	10%	1	8%	0	0%	1	25%	0	0%
Douglas	2	33%	0	0%	7	58%	0	0%	2	22%	0	0%	9	22%	0	0%
Dunn	1	9%	0	0%	4	21%	0	0%	4	16%	0	0%	7	37%	1	5%
Eau Claire	17	15%	4	4%	46	26%	5	3%	15	10%	2	1%	43	21%	0	0%
Jackson	2	29%	1	14%	3	33%	0	0%	0	0%	0	0%	4	40%	0	0%
La Crosse	18	6%	3	<1%	50	11%	6	1%	24	5%	2	<1%	31	9%	3	1%
Monroe	1	5%	0	0%	11	41%	2	7%	3	10%	0	0%	11	35%	1	3%
Pepin	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	2	40%	0	0%
Pierce	2	20%	0	0%	1	2%	0	0%	1	1%	0	0%	5	6%	2	2%
Polk	2	10%	1	5%	4	50%	0	0%	4	15%	0	0%	13	62%	0	0%
Rusk	2	25%	0	0%	0	0%	0	0%	1	33%	0	0%	1	50%	1	50%
St. Croix	6	18%	0	0%	13	39%	1	3%	6	16%	0	0%	19	66%	2	7%
Trempealeau	2	8%	0	0%	3	27%	1	9%	1	5%	0	0%	8	57%	0	0%
Washburn	0	0%	0	0%	1	50%	0	0%	2	22%	0	0%	5	63%	0	0%

Attachment: 5.6e WI Lifeline Data Year End 2022 (7550 : Human Services Director's

Western Region Acute Callers

5.6.g

	<u>Q1 2022</u> <u>Acute Callers</u>		<u>Q1 2022</u> <u>Welfare Checks</u>		<u>Q2 2022</u> <u>Acute Callers</u>		<u>Q2 2022</u> <u>Welfare Checks</u>		<u>Q3 2022</u> <u>Acute Callers</u>		<u>Q3 2022</u> <u>Welfare Checks</u>		<u>Q4 2022</u> <u>Acute Callers</u>		<u>Q4 2022</u> <u>Welfare Checks</u>	
Barron	10	27%	2	5%	11	37%	1	3%	33	27%	2	2%	13	20%	2	3%
Buffalo	1	10%	0	0%	0	0%	0	0%	0	0%	0	0%	3	5%	0	0%
Burnett	6	67%	0	0%	0	0%	0	0%	2	9%	0	0%	2	8%	1	4%
Chippewa	22	42%	2	4%	12	41%	1	3%	9	35%	0	0%	3	25%	0	0%
Clark	2	29%	0	0%	3	50%	0	0%	4	33%	0	0%	16	76%	1	5%
Douglas	6	4%	1	<1%	6	3%	2	1%	10	8%	0	0%	9	13%	0	0%
Dunn	9	56%	0	0%	4	40%	0	0%	10	67%	0	0%	8	38%	0	0%
Eau Claire	34	18%	4	2%	63	28%	5	2%	61	32%	3	2%	41	25%	1	1%
Jackson	4	24%	0	0%	7	15%	0	0%	3	8%	0	0%	6	10%	0	0%
La Crosse	56	18%	2	<1%	93	19%	2	<1%	37	13%	3	1%	58	15%	3	1%
Monroe	5	31%	1	6%	9	38%	1	4%	22	47%	1	2%	14	24%	0	0%
Pepin	0	0%	0	0%	2	50%	0	0%	0	0%	0	0%	2	100%	0	0%
Pierce	5	5%	0	0%	3	3%	0	0%	4	5%	0	0%	5	12%	0	0%
Polk	9	38%	0	0%	7	41%	1	6%	7	35%	0	0%	7	35%	0	0%
Rusk	2	50%	0	0%	0	0%	0	0%	1	50%	0	0%	1	5%	0	0%
St. Croix	16	42%	0	0%	28	32%	0	0%	23	28%	0	0%	32	51%	0	0%
Trempealeau	9	50%	1	6	7	64%	0	0%	2	33%	0	0%	1	20%	0	0%
Washburn	1	100%	0	0%	2	22%	0	0%	2	27%	0	0%	5	50%	0	0%

Attachment: 5.6e WI Lifeline Data Year End 2022 (7550 : Human Services Director's

Southern Region Acute Callers

	<u>Q1 2021</u> <u>Acute Callers</u>		<u>Q1 2021</u> <u>Welfare Checks</u>		<u>Q2 2021</u> <u>Acute Callers</u>		<u>Q2 2021</u> <u>Welfare Checks</u>		<u>Q3 2021</u> <u>Acute Callers</u>		<u>Q3 2021</u> <u>Welfare Checks</u>		<u>Q4 2021</u> <u>Acute Callers</u>		<u>Q4 2021</u> <u>Welfare Checks</u>	
Adams	2	25%	0	0%	0	0%	0	0%	1	17%	0	0%	7	70%	1	10%
Columbia	1	5%	0	0%	18	62%	1	3%	9	45%	2	10%	15	32%	1	2%
Crawford	0	0%	0	0%	0	0%	0	0%	1	33%	0	0%	2	29%	0	0%
Dane	11	10%	2	2%	45	27%	4	2%	68	40%	2	1%	49	27%	4	2%
Dodge	16	27%	1	2%	18	35%	1	2%	32	36%	2	2%	40	21%	3	2%
Grant	0	0%	0	0%	2	17%	0	0%	9	33%	0	0%	5	33%	0	0%
Green	5	29%	0	0%	2	25%	0	0%	7	50%	1	7%	5	50%	0	0%
Iowa	0	0%	0	0%	2	100%	0	0%	8	42%	0	0%	3	33%	0	0%
Juneau	3	33%	2	22%	2	22%	0	0%	4	28%	1	7%	1	8%	0	0%
Lafayette	0	0%	0	0%	0	0%	0	0%	2	67%	0	0%	4	33%	1	8%
Richland	2	67%	0	0%	3	60%	1	20%	0	0%	0	0%	2	33%	1	17%
Rock	21	23%	3	3%	59	42%	7	5%	58	44%	3	2%	56	38%	5	3%
Sauk	4	15%	1	4%	11	39%	0	0%	12	36%	0	0%	21	38%	3	5%
Vernon	0	0%	0	0%	5	71%	0	0%	7	54%	0	0%	12	46%	0	0%

Attachment: 5.6e WI Lifeline Data Year End 2022 (7550 : Human Services Director's

Southern Region Acute Callers

	<u>Q1 2022</u> <u>Acute Callers</u>		<u>Q1 2022</u> <u>Welfare Checks</u>		<u>Q2 2022</u> <u>Acute Callers</u>		<u>Q2 2022</u> <u>Welfare Checks</u>		<u>Q3 2022</u> <u>Acute Callers</u>		<u>Q3 2022</u> <u>Welfare Checks</u>		<u>Q4 2022</u> <u>Acute Callers</u>		<u>Q4 2022</u> <u>Welfare Checks</u>	
Adams	3	50%	0	0%	1	25%	0	0%	5	36%	1	7%	2	22%	0	0%
Columbia	13	41%	0	0%	8	32%	0	0%	5	21%	0	0%	25	56%	1	2%
Crawford	4	50%	0	0%	1	100%	0	0%	0	0%	0	0%	1	17%	0	0%
Dane	49	31%	2	1%	219	40%	10	2%	247	34%	11	2%	258	35%	13	2%
Dodge	22	9%	1	<1%	25	8%	1	<1%	97	21%	3	1%	86	27%	7	2%
Grant	9	36%	1	4%	6	30%	0	0%	14	61%	2	9%	5	38%	0	0%
Green	11	61%	1	6%	1	9%	0	0%	4	27%	1	7%	9	16%	0	0%
Iowa	5	56%	1	11%	5	62%	2	25%	13	54%	0	0%	12	57%	2	10%
Juneau	6	54%	0	0%	4	50%	0	0%	8	24%	1	3%	2	7%	0	0%
Lafayette	5	56%	0	0%	0	0%	0	0%	3	33%	0	0%	8	40%	0	0%
Richland	3	75%	0	0%	6	38%	0	0%	22	63%	0	0%	7	26%	1	4%
Rock	59	42%	4	3%	68	37%	6	3%	62	41%	1	1%	65	38%	1	<1%
Sauk	12	40%	2	7%	14	41%	0	0%	14	44%	0	0%	19	39%	0	0%
Vernon	10	36%	1	4%	2	40%	0	0%	2	66%	0	0%	4	50%	0	0%

Attachment: 5.6e WI Lifeline Data Year End 2022 (7550 : Human Services Director's

Southeast Region Acute Callers

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Attachment: 5.6e WI Lifeline Data Year End 2022 (7550 : Human Services Director's

	<u>Q1 2021 Acute Callers</u>		<u>Q1 2021 Welfare Checks</u>		<u>Q2 2021 Acute Callers</u>		<u>Q2 2021 Welfare Checks</u>		<u>Q3 2021 Acute Callers</u>		<u>Q3 2021 Welfare Checks</u>		<u>Q4 2021 Acute Callers</u>		<u>Q4 2021 Welfare Checks</u>	
Jefferson	4	11%	0	0%	17	55%	2	6%	12	32%	2	5%	12	17%	3	4%
Kenosha	19	22%	5	6%	33	40%	6	7%	30	42%	4	6%	30	37%	2	2%
Milwaukee	49	15%	5	1%	141	39%	20	5%	163	36%	12	3%	179	28%	14	2%
Ozaukee	12	14%	9	10%	12	6%	2	1%	29	23%	10	8%	10	5%	0	0%
Racine	16	9%	4	2%	61	28%	7	3%	125	29%	4	1%	129	23%	7	1%
Walworth	8	22%	0	0%	39	19%	2	1%	16	12%	1	1%	27	9%	4	1%
Washington	10	18%	2	4%	24	63%	4	11%	15	38%	1	2%	29	53%	3	5%
Waukesha	30	14%	5	2%	62	32%	5	3%	54	29%	1	<1%	63	17%	5	1%

Southeast Region Acute Callers

5.6.g

Attachment: 5.6e WI Lifeline Data Year End 2022 (7550 : Human Services Director's

	<u>Q1 2022 Acute Callers</u>		<u>Q1 2022 Welfare Checks</u>		<u>Q2 2022 Acute Callers</u>		<u>Q2 2022 Welfare Checks</u>		<u>Q3 2022 Acute Callers</u>		<u>Q3 2022 Welfare Checks</u>		<u>Q4 2022 Acute Callers</u>		<u>Q4 2022 Welfare Checks</u>	
Jefferson	37	12%	1	<1%	47	3%	0	0%	90	8%	1	<1%	51	33%	5	3%
Kenosha	25	33%	2	3%	34	41%	1	1%	28	29%	2	2%	29	16%	0	0%
Milwaukee	146	23%	18	3%	319	23%	24	2%	631	24%	33	1%	747	26%	25	1%
Ozaukee	8	3%	1	<1%	7	2%	0	0%	23	7%	2	1%	46	11%	5	1%
Racine	197	40%	3	1%	169	42%	4	1%	151	46%	3	1%	169	47%	3	1%
Walworth	16	4%	1	<1%	52	13%	0	0%	19	28%	2	3%	29	14%	2	1%
Washington	24	48%	2	4%	33	41%	0	0%	62	50%	2	2%	97	55%	1	<1%
Waukesha	74	14%	7	1%	108	12%	11	1%	111	9%	4	<1%	124	9%	3	<1%

Northern Region Acute Callers

5.6.g

	<u>Q1 2021</u> Acute Callers		<u>Q1 2021</u> Welfare Checks		<u>Q2 2021</u> Acute Callers		<u>Q2 2021</u> Welfare Checks		<u>Q3 2021</u> Acute Callers		<u>Q3 2021</u> Welfare Checks		<u>Q4 2021</u> Acute Callers		<u>Q4 2021</u> Welfare Checks	
Ashland	0	0%	0	0%	4	44%	0	0%	0	0%	0	0%	4	36%	0	0%
Bayfield	0	0%	0	0%	0	0%	0	0%	4	33%	0	0%	4	50%	2	25%
Florence	1	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Forest	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	20%	1	20%
Iron	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Langlade	0	0%	0	0%	0	0%	0	0%	2	67%	2	67%	0	0%	0	0%
Lincoln	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	2	66%	0	0%
Marathon	3	15%	0	0%	15	52%	0	0%	0	0%	0	0%	7	18%	0	0%
Oneida	3	17%	1	6%	5	36%	0	0%	4	14%	0	0%	5	33%	0	0%
Portage	7	13%	2	4%	28	5%	1	<1%	16	3%	0	0%	19	26%	1	1%
Price	3	75%	0	0%	1	17%	0	0%	0	0%	0	0%	0	0%	0	0%
Sawyer	4	29%	1	7%	5	42%	0	0%	2	20%	0	0%	1	25%	0	0%
Taylor	2	33%	0	0%	5	50%	1	10%	0	0%	0	0%	1	33%	0	0%
Vilas	1	20%	0	0%	1	25%	0	0%	1	8%	0	0%	2	13%	1	6%
Wood	11	28%	1	3%	20	40%	0	0%	5	19%	0	0%	18	31%	1	2%

Attachment: 5.6e WI Lifeline Data Year End 2022 (7550 : Human Services Director's

Northern Region Acute Callers

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	<u>Q1 2022</u> Acute Callers		<u>Q1 2022</u> Welfare Checks		<u>Q2 2022</u> Acute Callers		<u>Q2 2022</u> Welfare Checks		<u>Q3 2022</u> Acute Callers		<u>Q3 2022</u> Welfare Checks		<u>Q4 2022</u> Acute Callers		<u>Q4 2022</u> Welfare Checks	
Ashland	0	0%	0	0%	3	33%	0	0%	2	25%	0	0%	3	18%	0	0%
Bayfield	4	57%	0	0%	3	50%	0	0%	3	50%	0	0%	3	33%	0	0%
Florence	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Forest	3	33%	0	0%	2	33%	1	17%	2	100%	0	0%	4	50%	0	0%
Iron	1	25%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Langlade	0	0%	0	0%	2	100%	0	0%	8	7%	0	0%	9	10%	1	1%
Lincoln	0	0%	0	0%	2	11%	0	0%	7	26%	0	0%	4	24%	0	0%
Marathon	11	13%	0	0%	27	51%	1	2%	35	34%	1	1%	35	24%	4	3%
Oneida	6	33%	1	6%	12	40%	0	0%	4	36%	0	0%	6	38%	0	0%
Portage	18	7%	1	<1%	27	38%	2	3%	21	10%	2	1%	35	23%	0	0%
Price	1	50%	0	0%	5	50%	0	0%	5	83%	0	0%	0	0%	0	0%
Sawyer	3	38%	0	0%	7	44%	2	12%	3	50%	1	17%	3	25%	0	0%
Taylor	0	0%	0	0%	1	33%	0	0%	1	14%	0	0%	3	50%	0	0%
Vilas	5	28%	0	0%	1	100%	1	100%	1	7%	0	0%	10	22%	0	0%
Wood	15	45%	1	3%	11	28%	0	0%	25	48%	0	0%	18	23%	3	4%

Attachment: 5.6e WI Lifeline Data Year End 2022 (7550 : Human Services Director's

Northeast Region Acute Callers

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Attachment: 5.6e WI Lifeline Data Year End 2022 (7550 : Human Services Director's

	<u>Q1 2021</u> Acute Callers		<u>Q1 2021</u> Welfare Checks		<u>Q2 2021</u> Acute Callers		<u>Q2 2021</u> Welfare Checks		<u>Q3 2021</u> Acute Callers		<u>Q3 2021</u> Welfare Checks		<u>Q4 2021</u> Acute Callers		<u>Q4 2021</u> Welfare Checks	
Brown	18	15%	5	4%	83	42%	5	3%	82	42%	2	1%	99	39%	5	2%
Calumet	3	38%	1	13%	4	36%	0	0%	7	54%	1	8%	5	38%	1	8%
Door	4	33%	2	17%	4	44%	0	0%	1	33%	0	0%	3	50%	0	0%
Fond du Lac	10	13%	1	1%	58	36%	3	2%	73	44%	0	0%	57	30%	4	2%
Green Lake	4	40%	1	10%	5	19%	1	4%	3	43%	1	14%	2	14%	0	0%
Kewaunee	0	0%	0	0%	2	50%	0	0%	2	40%	0	0%	1	33%	0	0%
Manitowoc	9	19%	2	4%	10	37%	0	0%	24	47%	1	2%	9	30%	1	3%
Marinette	5	31%	1	6%	7	54%	0	0%	6	35%	1	6%	9	30%	1	3%
Marquette	3	25%	2	17%	4	55%	1	14%	2	50%	0	0%	6	22%	1	4%
Menominee	2	22%	0	0%	2	33%	0	0%	4	50%	0	0%	1	50%	0	0%
Oconto	0	0%	0	0%	6	19%	0	0%	9	30%	2	7%	20	63%	1	3%
Outagamie	26	19%	5	4%	53	37%	5	3%	58	39%	4	3%	69	43%	9	6%
Shawano	3	19%	2	12%	2	22%	0	0%	2	25%	0	0%	3	27%	0	0%
Sheboygan	16	24%	9	14%	22	30%	2	3%	38	38%	2	2%	33	38%	1	1%
Waupaca	5	5%	0	0%	12	9%	2	2%	4	3%	0	0%	8	5%	2	1%
Wausara	3	14%	0	0%	2	66%	0	0%	7	63%	0	0%	4	44%	0	0%
Winnebago	26	21%	6	5%	66	41%	3	2%	97	26%	10	3%	66	19%	7	2%

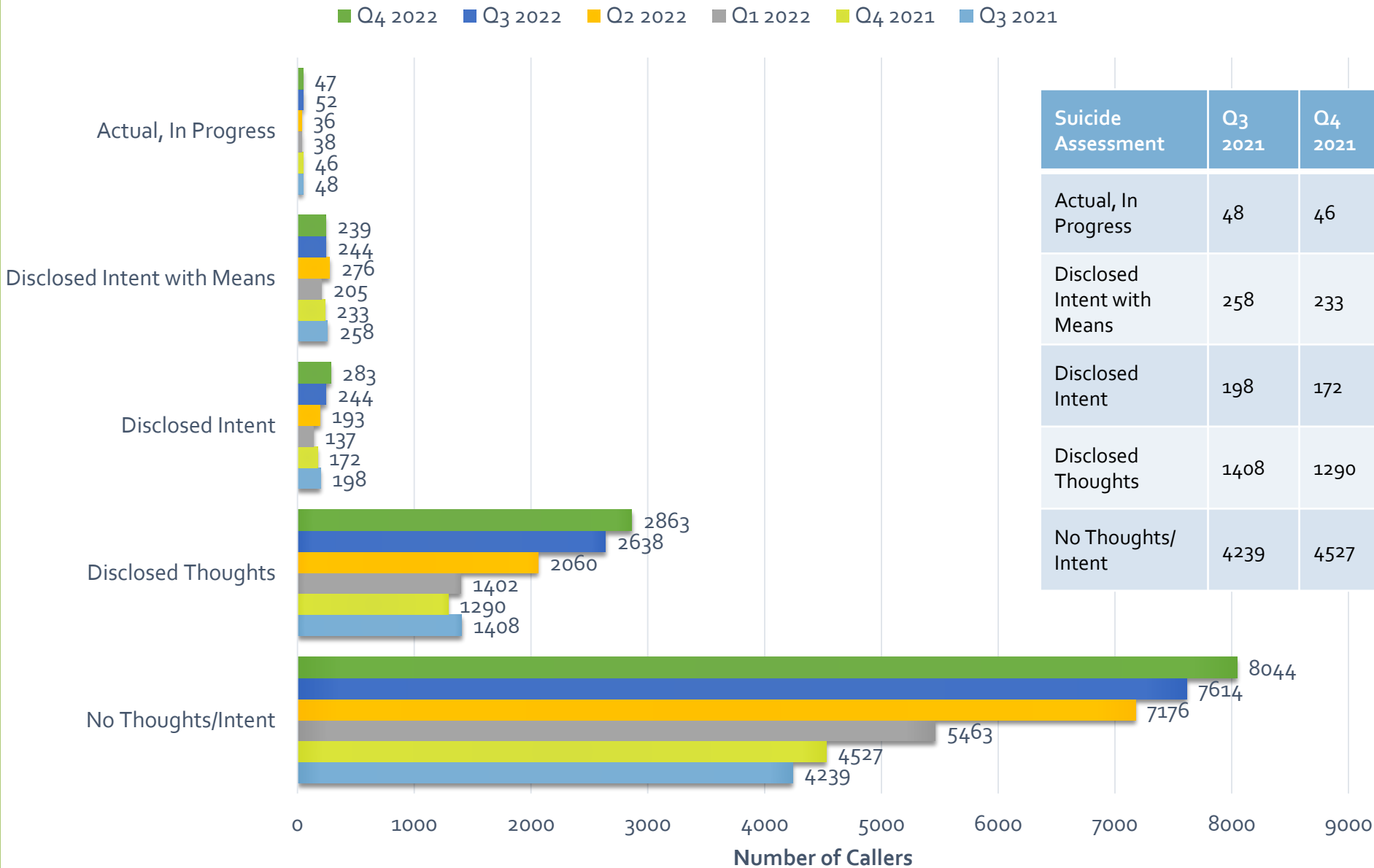
Northeast Region Acute Callers

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Attachment: 5.6e WI Lifeline Data Year End 2022 (7550 : Human Services Director's

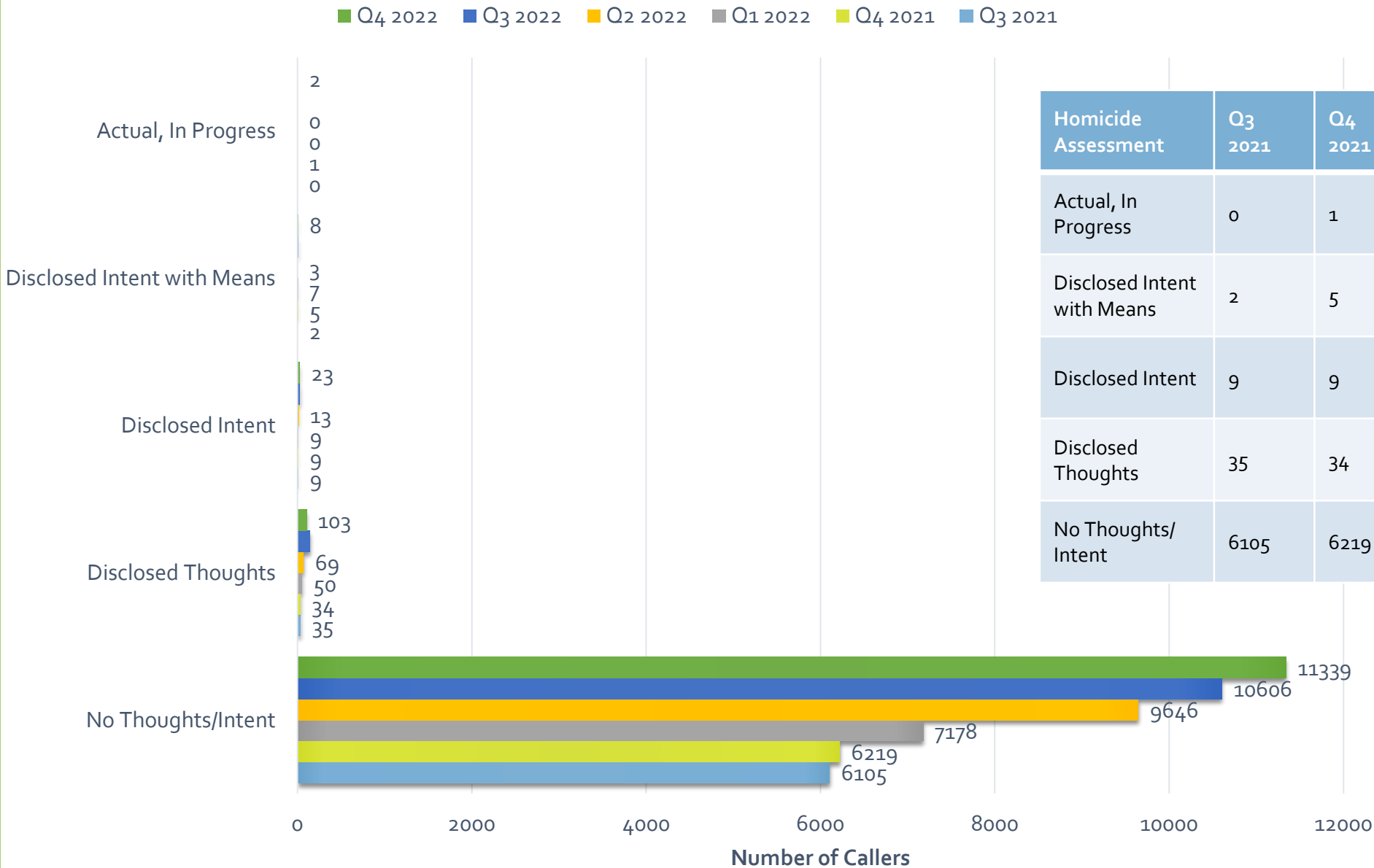
	<u>Q1 2022</u> <u>Acute Callers</u>		<u>Q1 2022</u> <u>Welfare Checks</u>		<u>Q2 2022</u> <u>Acute Callers</u>		<u>Q2 2022</u> <u>Welfare Checks</u>		<u>Q3 2022</u> <u>Acute Callers</u>		<u>Q3 2022</u> <u>Welfare Checks</u>		<u>Q4 2022</u> <u>Acute Callers</u>		<u>Q4 2022</u> <u>Welfare Checks</u>	
Brown	136	43%	8	2%	127	43%	2	1%	142	44%	2	1%	133	34%	9	2%
Calumet	5	56%	0	0%	5	36%	0	0%	7	54%	0	0%	8	38%	0	0%
Door	1	14%	0	0%	6	67%	0	0%	8	50%	1	6%	3	38%	0	0%
Fond du Lac	74	32%	1	<1%	52	37%	4	3%	56	39%	1	1%	75	54%	2	1%
Green Lake	7	47%	2	13%	5	50%	1	10%	3	38%	0	0%	3	25%	0	0%
Kewaunee	0	0%	0	0%	3	30%	0	0%	1	25%	0	0%	2	20%	0	0%
Manitowoc	2	10%	1	5%	12	36%	0	0%	17	44%	1	3%	36	24%	0	0%
Marinette	8	12%	2	3%	5	13%	0	0%	5	20%	0	0%	8	57%	1	7%
Marquette	2	18%	0	0%	3	43%	0	0%	1	25%	0	0%	2	40%	0	0%
Menominee	4	57%	0	0%	3	75%	0	0%	5	56%	0	0%	0	0%	0	0%
Oconto	18	45%	2	5%	3	37%	2	18%	19	36%	1	2%	5	14%	0	0%
Outagamie	69	40%	5	3%	116	37%	4	1%	89	40%	2	1%	209	53%	2	<1%
Shawano	6	50%	0	0%	6	35%	0	0%	5	22%	0	0%	8	19%	1	2%
Sheboygan	27	24%	0	0%	25	18%	1	1%	65	36%	0	0%	45	26%	4	2%
Waupaca	12	6%	1	<1%	15	6%	0	0%	23	9%	1	<1%	22	8%	1	<1%
Waushara	8	50%	0	0%	4	57%	0	0%	4	50%	1	12%	2	22%	0	0%
Winnebago	51	19%	4	1%	49	26%	2	1%	61	28%	4	2%	217	39%	8	1%

Wisconsin Lifeline Caller Suicide Assessment/Potential



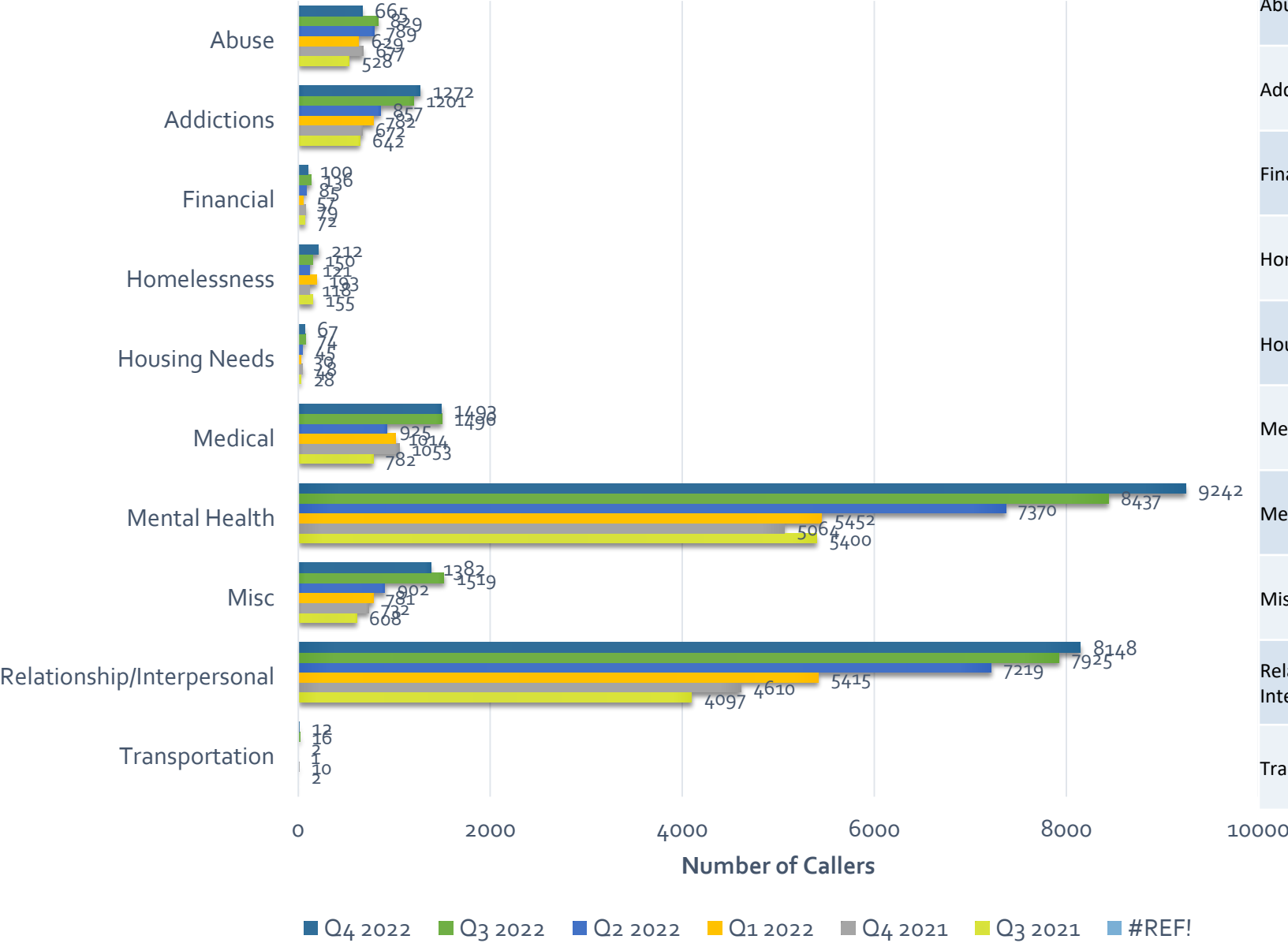
Suicide Assessment	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022
Actual, In Progress	48	46	38	36	52	47
Disclosed Intent with Means	258	233	205	276	244	239
Disclosed Intent	198	172	137	193	244	283
Disclosed Thoughts	1408	1290	1402	2060	2638	2863
No Thoughts/ Intent	4239	4527	5463	7176	7614	8044

Wisconsin Lifeline Caller Homicide Assessment/Potential



Homicide Assessment	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022
Actual, In Progress	0	1	0	0	0	2
Disclosed Intent with Means	2	5	7	9	10	8
Disclosed Intent	9	9	9	13	26	23
Disclosed Thoughts	35	34	50	69	144	103
No Thoughts/ Intent	6105	6219	7178	9646	10,606	11,339

Wisconsin Lifeline Caller Issues/Needs



Issue/ Needs	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	5.6.g 2022
Abuse	528	677	629	789	829	66
Addictions	642	672	782	857	1201	12
Financial	72	79	57	85	136	10
Homelessness	155	118	193	121	150	21
Housing Needs	28	48	30	45	74	67
Medical	782	1053	1014	925	1496	14
Mental Health	5400	5064	5452	7370	8437	92
Misc	608	732	781	902	1519	138
Relationship/ Interpersonal	4097	4610	5415	7219	7925	81
Transportation	2	10	1	2	16	12

Attachment: 5.6e WI Lifeline Data Year End 2022 (7550 : Human Services Director's

Referral Source	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022
211/United Way	9	12	5	8	9	12
AA/NA/Al-Anon	1	1	1	0	1	0
ADRC	0	3	1	0	0	3
Bus/Train/Billboard	0	0	1	0	2	4
Clergy	5	0	2	2	5	5
Employer	15	7	11	7	22	9
Family	77	111	85	129	155	109
Family Care	0	0	0	0	2	1
Fire/Rescue/911	0	2	1	1	3	2
Friend	92	73	99	102	97	57
Health Professional	47	25	26	41	80	55
Hospital	11	13	13	23	25	26
Human Services Dept.	9	8	17	17	33	20
Internet	1250	1065	1041	1622	1347	1257

Referral Source	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022
Law Enforcement	10	10	6	17	14	17
Mental Health Provider	77	74	58	67	93	75
Other	75	77	81	62	80	47
Phone Book	6	2	4	1	3	0
Print Media	9	4	1	6	18	4
Promo Materials	15	3	8	11	23	7
Radio/TV	34	48	29	34	221	84
School	32	71	48	52	61	79
Self	4212	4413	5466	7185	7990	8282
Shelter	2	4	8	15	16	8
Student ID	13	29	22	16	12	35
Support Group	3	5	2	2	5	2
Veterans Program	17	21	8	18	20	41
WI Lifeline	150	199	220	464	1402	1427

If you have questions or would like more information, please contact our Program Manager, Shelly Missall at:

email: mmissall@familyservicesnew.org

phone: 920.712.6163

Director's Report to the Health & Human Services Board

Tim Easker

Board Meeting Date: January 19, 2023

1. WCHSA Updates

Division of Children's and Families (DCF)

- **Qualified Residential Treatment Programs (QRTPs)** WCHSA sought board approval for the Children Youth and Families Policy Advisory Committee (PAC) to define service expectations for QRTPs. The consensus of DHS Departments across the state is there has been no improvement in the quality of care or increased bed availability as a result of this requirement by DCF despite the substantial increase in costs. The PAC recommends expectations be clarified for QRTPs to achieve the Family First Act goal of creating a new category of treatment based residential care. Counties are not opposed to paying a higher daily rate if it leads to increased bed capacity and better outcomes. DCF should then evaluate the first year of QRT implementation.
- **Information memo 2022-34i** "Tailored Dispositional Orders Project" provides information about completion of a Children and Families Services Review (CFSR) Program Improvement Plan (PIP) item focused on tailored court orders and the increased success families have when court ordered conditions are clear, simple, and tailored to their individual needs. This memo also announces a new project with children's Court Improvement Project (CCIP) to assist local agencies in leveraging lessons learned. Chippewa county has signed up to be a part of this project.
- **Juvenile Corrections**-DOC indicates admissions dropped in 2020 and most of 2021 due to the COVID pandemic. Admissions for boys increased in late 2021 and 2022. Girl admissions have not increased but the girls have more complex needs. Boy admissions in 2022 were from a mix of counties. Car theft is still the major offense for boys, but DOC seeing more weapon and endangering safety offenses for recent admissions.
- **Child Support and Children in Out-of-Home Placement** A meeting was held December 2, 2020 as a result of federal guidance received by the state indicating we should no longer collect child support from parents whose children are placed outside of the home. The state child support agency is interested in participating in a workgroup with WCHSA to make recommendations to DCF. The associations agreed to hold off on starting the workgroup until DCF can provide data. WCHSA would specifically like to see the research cited by the federal government in changing the child support referral policy.

Division of Health Services (DHS)

- **Comprehensive Statewide Assessment for Crisis Services Survey** [DCTS Information Memo 2022-03](#) This memo provides notice of a survey for county agencies to complete regarding crisis services. The Comprehensive Statewide Assessment for Crisis Services Survey will open January 3, 2023. It will close March 3, 2023.
- **Mobile Crisis Response Team Training** Effective January 1, 2023, counties will have the option to respond to a mental health and substance use crisis using a team of professionals and additional provider types that can be reimbursed by Wisconsin Medicaid. [Watch a webinar that explains the Wisconsin Medicaid billing codes and modifiers that will be updated.](#) People who serve on mobile crisis response teams must complete training to claim an enhanced reimbursement rate from Wisconsin Medicaid starting January 1, 2024. Registration is now open for a series of trainings in 2023 hosted by the Behavioral Health Training Partnership at UW-Green Bay. This series includes self-paced and live virtual sessions. [Visit the Behavioral Health Training Partnership at UW-Green Bay's website to learn more about these training sessions.](#)

- **CMS issues QSO-23-04 - Hospitals - Workplace Violence** On November 28, 2022, CMS issued [QSO-23-04-Hospitals \(PDF\)](#) focusing on workplace violence and highlighting the importance of healthcare facilities providing adequate training, sufficient staffing levels, and ongoing assessment of patients and residents for aggressive behavior and indicators to adapt their care interventions and environment appropriately.

2. Department and Division Updates

Department Updates:

- On January 25, I will be attending the County Ambassadors day at the capitol. The purpose is to meet with our legislators (Rob Summerfield, Jesse James and Karen Hurd) to discuss budget priorities. This is organized by Wisconsin Counties Association (WCA) and is a preliminary event to "Day at the Capitol" that is focused solely on Human Service Agencies. If committee members are interested, the Day at the Capitol event will be April 12. Typically, we travel to Madison the night before. The 12th will start with a briefing by Wisconsin Counties Association after which we meet with our legislators. Please let me know if you are interested.
- As a part of the board packet you will find the budget papers being submitted by WCHSA to legislators. As you can see there are a broad range of subjects. In terms of Chippewa County, I believe fully funding the Crisis and Community Support programs along with increased funding for the ADRC would have the greatest impact.
- Last month we met with facilities and IT to discuss office moves. For the last several years, new staff had essentially been placed wherever we had room. Given the fact Economic Support staff are all permanent telecommuters and we now have room 305 to work with it, the time was right to develop a short and long-term plan. For the short term, we will be moving staff and arranging things so staff are organized by division/unit as much as possible. Staff who have been in cubicles are particularly happy to be moving to an office. Long term planning is in the works. We would like to thank facilities and IT for their great ideas and teamwork!
- We would like to recognize the following dedicated staff for their years of service: Kaitie Indermuehle, CWDA, 3 years; Rachel Phelps, Economic Support, 6 years; Holly Anderson, ADRC, 9 years; Kerry Krista, Youth Justice, 20 years; and Kyra Secraw, Youth Justice/CWDA, 22 years.
THANK YOU!

Aging & Disability Resource Center (ADRC)

- Our new Administrative Assistant that will be greeting walk-ins and callers with a smile, will begin her duties on January 23. We are excited to welcome Carrie Schick to the team.
- You may not know this, but the ADRC has a staff of 24 people, which means we are always welcoming new people and saying goodbye to friends. Holly Anderson has been an Options Counselor for nine years and recently accepted a position with RWC. We are certainly sad to lose such an excellent Options Counselor, but we are excited for Holly and this new endeavor. Best of all, we aren't really saying goodbye because she will be just down the hall and working with us to better serve her consumers. Darcy Bjerke has been a site aide with our nutrition program for less than a year, and has been quite an asset. She has been offered a full-time position with Head Start that she just couldn't say no to! We wish her great happiness and success in her new position.
- The passing of the federal 2023 Omnibus Bill included appropriation increases for several Older Americans Act programs. We aren't sure how this will shake out for our programs but we are hopeful some extra funds will be coming our way. The most significant increase was 26 percent for the Meals on Wheels program. This is a long overdue increase given the fact that this program accounts for more than half of all Older Americans Act meals served nationally, while only receiving 36 percent of the total nutrition program funds. The Senior Dining, Caregiver Support, Healthy Living, and In-Home Support programs also saw 3-7 percent increases. Again, we don't know what this means for Chippewa County residents but we are optimistic!



- The 2023 Omnibus Bill also included language that will affect our customers (or soon to be customers) who have been receiving FoodShare benefits. During the Public Health Emergency, there were increases to these benefits. Those increased allocations will end after the February issuance of benefits. This will be devastating for many of our customers because the cost of groceries has not come down proportionately. The Bill also had implications for many people who are receiving Medical Assistance benefits. Our Elder and Disability Benefits Specialists will be fielding a lot of calls in the coming months related to these changes, but we knew this day was coming and will continue to prepare for it as much as possible.

Children, Youth & Families Division

Child Protective Services (CPS)

- 2022 was a busy year for Child Protective Services. Child Protective Services took 788 reports alleging Child Abuse and/or Neglect in 2022. Three hundred ninety-five reports alleged neglect, 221 reports alleged physical abuse, 184 reports alleged sexual abuse, 53 reports alleged emotional damage/abuse, and 5 reports alleged unborn child abuse. (Please note that this total is higher than 788 due to some reports having multiple allegations.) One hundred eighty-three of these reports were screened-in and investigated by an Initial Assessment Worker. The Department took Temporary Physical Custody of 69 children in 2022 due to identified safety concerns. At the end of 2022, Child Protective Services had 83 children in out-of-home care. The Ongoing Workers made amazing progress this year with engaging clients and working towards permanency for children through reunification, adoption, and guardianship. The Permanency Outcomes will be discussed at the January 18 Board Meeting. Even with the Unit being short-staffed for the majority of the year, the team worked hard to ensure child safety and permanency.
- In regards to Foster Care, our new Foster Care Coordinator was able to license two general homes, two child specific homes, and four relative homes from August through December 2022. The Department will be increasing recruitment efforts in 2023 due to the dire need for foster homes, specifically for teenagers.

Birth to Three Services

Birth to 3 ended 2022 with a total of 235 referrals. The team has been working to make program changes that allow for great efficiency, consistency, and equity for families. Reflective Practice and team case discussions have also been integrated on a regular basis to promote self-reflection, mindfulness, and team cohesiveness. This will continue as new goals and initiatives are tackled in 2023.

Youth Justice Services

On November 28, we welcomed Kaitlin Vessely to our Youth Justice team! Kaitlin transferred from the Sheriff's Department where she was employed as a telecommunicator. We are fully staffed and excited to see what the new year brings for our unit.

Children with Differing Abilities (CWDA) Services

We are working on new authorization for services for the new year. We have hired a new CLTS worker to assist in our waitlist elimination for that program. Our new employee will start the 23rd of January. We have an open position in our Children's CCS program; we will be welcoming a staff member who will be transferring to the team on February 6. We also have an impending FMLA leave in March that we are planning for.

Economic Support Division

The Fiscal Year 2023 Consolidated Appropriations Act passed and signed into law in late December ended some policies that had been in place during the pandemic for FoodShare and Medicaid.



- The most significant change for FoodShare will be the end of emergency allotments in February 2023
- The most significant change for Medicaid is the end of the requirement to maintain member enrollment that has been in place since 2020. This change will begin a year-long period during which local agencies will need to process renewals for all current members of BadgerCare Plus and Wisconsin Medicaid programs.

At this time, we are awaiting more detailed guidance regarding the end of the continuous coverage policy for Medicaid, related to specifics related to policy and timing expectations.

Recovery & Wellness Consortium (RWC)

- RWC 2023 budget allowed for the expansion of the Comprehensive Community Services (CCS) program by adding a clinician to work directly with youths being served in mental health programming. I am pleased to announce that Meghan Eisenbraun has accepted clinical position. CCS program has been expanding rapidly since its evolution in 2015. The cases seen in CCS have become increasingly more complicated requiring a “deeper dive” into how best to serve the consumer’s needs. By adding an additional clinician to focus on youth, this will allow Michelle Phelps to provide additional clinical support to adult services facilitators. Adult cases are higher acuity due to the majority of the consumers struggling with addiction issues. Michelle is dually certified in mental health and addiction.
- Adult Protective Services (APS) investigates and provides protective services to vulnerable adults at risk and elderly (60 and over) population. 2022 proved to be a challenging year.
 - Request for guardianship- 61
 - APS intakes (vulnerable adults and elderly) -258
 - Of the 258 intakes 118 have been screen in for further investigation.

Chippewa county estimated population in 2023 is 67,461 with growth rate of .58 percent. Chippewa county has estimated 49,985 adults (11,416 whom are seniors). As our population ages it can be anticipated that demand for APS services will continue to rise. People are living longer, not necessarily healthy.

3. 2022/23 Fiscal Information

Through Month of: December 2022

2022 Budget (total is \$24,807,743):	\$24,807,743	12 months
Expenses paid through December:	29,459,713	
Variance to Budget:	\$4,651,970	

Note: The November Over/(Under) amounts are an estimated annualized amount for each placement category. Prior months estimated amounts are shown to indicate if expense variances are trending up, down or remaining the same.

2022 Kinship Placement with a Relative

Month	Kinship	Projected Cost	2022 Budget*	Over/(Under)
January	106	\$369,402	\$394,020	(\$24,618)
February	105	375,414	394,020	(18,606)
March	107	379,940	394,020	(14,080)

Month	Kinship	Projected Cost	2022 Budget*	Over/(Under)
April	107	380,097	394,020	(13,923)
May	109	381,240	394,020	(12,780)
June	109	380,644	394,020	(13,376)
July	106	379,620	394,020	(14,400)
August	105	379,846	394,020	(14,174)
September	99	376,908	394,020	(17,112)
October	99	371,607	394,020	(22,413)
November	97	368,065	394,020	(25,955)
December	93	365,331	394,020	(28,689)

2022 Children and Youth in Out-of-Home Placements

Month	Out of Home*	Out of Home**	Projected Cost*	2022 Budget	Over/(Under)
January	86	15	\$2,729,304	\$1,577,818	\$1,151,486
February	85	14	2,745,456	1,577,818	1,167,638
March	81	14	2,819,543	1,577,818	1,241,725
April	89	10	2,803,043	1,577,818	1,225,225
May	78	9	2,780,072	1,577,818	1,202,254
June	80	6	3,024,355	1,577,818	1,446,537
July	74	5	3,021,844	1,577,818	1,444,026
August	76	4	3,003,466	1,577,818	1,425,648
September	73	7	2,831,856	1,577,818	1,254,038
October	67	10	2,879,770	1,577,818	1,301,952
November	75	10	2,820,748	1,577,818	1,242,930
December	73	5	2,857,458	1,577,818	1,279,640

* Children and Youth in Placement: Foster Care, Treatment Foster Care, Group Home, Residential Care

**Additional children placed with relatives (unpaid)

2022 Adult Mental Health and AODA Out-of-Home Placements:

Month	Out of Home	Projected Cost	2022 Budget	Over/(Under)
January	13	\$368,280	\$713,987	(\$345,707)
February	11	371,700	713,987	(342,287)
March	13	407,640	713,987	(306,347)
April	13	440,254	713,987	(273,733)
May	13	428,388	713,987	(285,599)
June	12	478,200	713,987	(235,787)
July	11	469,740	713,987	(244,247)
August	12	476,744	713,987	(237,243)
September	14	486,756	713,987	(227,231)
October	16	478,488	713,987	(235,499)
November	17	443,544	713,987	(270,443)
December	12	393,223	713,987	(320,764)

2022 Institute for Mental Disease (IMD) Placements

Month	Inpatient Days	Projected Cost*	2022 Budget	Over/(Under)
January	114	\$662,556	\$401,392	\$261,164
February	117	737,190	401,392	335,798
March	170	879,884	401,392	478,392
April	149	1,024,512	401,392	623,120
May	102	777,560	401,392	376,168
June	49	835,486	401,392	434,094
July	47	821,245	401,392	419,853
August	32	767,231	401,392	365,839
September	24	704,062	401,392	302,670
October	75	711,306	401,392	309,914
November	77	719,837	401,392	318,445
December				

* IMD invoices are received two months in arrears

Note: The following reports show monthly disbursement amounts for each placement category. The month shown is the month the invoice was paid (not the month the charge was incurred)

Month	Kinship Amount Paid	Kinship Monthly Budget
January	\$0	\$32,835
February	31,529	32,835
March	30,739	32,835
April	32,417	32,835
May	32,095	32,835
June	32,202	32,835
July	31,040	32,835
August	31,255	32,835
September	29,996	32,835
October	29,480	32,835
November	29,040	32,835
December	55,538	32,835
Total	\$365,331	\$394,020

Month	Children & Youth	Children & Youth Monthly Budget
January	\$123	\$131,485
February	239,303	131,485
March	156,872	131,485
April	234,202	131,485
May	247,302	131,485
June	349,317	131,485
July	278,417	131,485
August	117,583	131,485
September	264,791	131,485
October	176,907	131,485
November	261,783	131,485
December	374,154	131,483
Total	\$2,700,754	\$1,577,818

Month	Adults	Adult Monthly Budget
January	\$2,650	\$59,499
February	20,966	59,499
March	20,787	59,499
April	28,790	59,499
May	53,561	59,499
June	32,237	59,499
July	38,196	59,499
August	20,281	59,499
September	50,217	59,499
October	13,337	59,499
November	65,346	59,499
December	32,861	59,498
Total	\$379,229	\$713,987

Month	IMD	IMD Monthly Budget
January	\$0	\$33,449
February	0	33,449
March	24,194	33,449
April	124,083	33,449
May	82,785	33,449
June	103,068	33,449
July	151,830	33,449
August	108,363	33,449
September	115,670	33,449
October	(50,143)	33,449
November		33,449
December		33,453
Total	\$659,850	\$401,392

Director's Report to the Health & Human Services Board

Tim Easker

Board Meeting Date: December 15, 2022

1. WCHSA Updates

Division of Children's and Families (DCF)

- **Anti-sex trafficking funding**-High cost funding will be available in 2023; more details will be shared in the future about funding distribution.
- **Child Support**-WCHSA was meeting with state Child Support officials on 12/1/22 regarding guidance received from the Federal Child Support Administration. Specifically, the Feds have indicated parents whose children are in an out of home placement should not be required to pay child support. This would have a substantial impact on our budget as we receive over \$120,000 annually from child support. The Governor's office has been notified. WCHSA has asked DCF to communicate to county agencies that the current policy (of collecting Child support) should remain in effect.
- **Education for Children with Complex Needs**-Discussions have been initiated between Department of Public Instruction (DPI) and WCHSA regarding this subject. Current policy only allows for children to have reduced hours for medical reasons. They also want to discuss expulsions of children with complex needs along with responsibility for education cost when these children end up in a residential setting. Currently counties pay for education when a child is placed in a residential care center. WCHSA believes it should be a DPI cost. DCF noted Governor Evers is very supportive of addressing educational needs of vulnerable children.
- **Child Care**-The Governor will likely request state funds to continue Child Care Counts payments to providers. Information suggests many child care providers will face closure when the federal ARPA funds are exhausted. Estimates indicate \$250 to \$300 million is needed because the private pay business model does not work because parents are unable to pay at the level needed for providers to give child care staff a living wage and benefits.

Division of Health Services (DHS)

- **Family Care MCO Responsibility for Placements** -Currently when a Managed Care Organization (MCO) member ends up in an Institute for Mental Disease (IMD) such as Winnebago, counties are fiscally responsible. Work is being done to have MCOs share in that placement expense to create an incentive for the MCOs to relocate persons back to the community more quickly.
- **Medicaid Nursing home Rate Increase to Support Health Care Workforce** DHS announced that Medicaid cost coverage for nursing homes will increase from 77 percent in fiscal year 2022 to 91 percent in fiscal year 2023.

Department and Division Updates

Department Updates:

- Every year at this time the department gets into the holiday spirit with a Secret Santa event that wraps up with a pot luck luncheon. Anyone who wishes to participate is randomly matched with another to be their Secret Santa. The event runs from December 1 to 8. Folks get very creative and will often do a little homework to figure out what their person likes. Kyra Secraw does a nice job organizing this each year.
- You may have noticed that as of late we have had a bit of movement within the department. What has been interesting is that these positions are often being filled internally. Yes, it does create another opening that needs to be filled. However, I think it shows people like what is happening here and want to continue to be a part of it. For some it involves some upward

movement for others the new position may allow for a better work/life balance or a place where they can better utilize their strengths.

- We would like to recognize the following dedicated staff for their years of service: Kerry Nowicki, CWDA, 1-year, Erika Stevens and Kasha White, ADRC, 6 years and 9 years respectively. THANK YOU!

Divisions:

Aging & Disability Resource Center (ADRC)

- We've had a few significant changes in the nutrition program that are important to share, starting with our Meals on Wheels program for the communities of Stanley and Boyd. After December 9, 2022, we will not be able to get meals from the hospital in Stanley for a few months. The hospital, like other food service operations, is struggling to retain enough staff to provide for their own services, yet alone additional ones. We have spoken with high level officials of the hospital and they have assured us this is just a temporary situation because they definitely want to resume this service as soon as they are able to do so. In the meantime, we are working with the ADRC of Clark County to make sure our Stanley and Boyd customers are able to get Meals on Wheels. So thankful for Kelly Zimmerman and Linda Felmlee, both of whom are doing the heavy lifting in making this transition!
- It is hard to share that update without giving a huge shout out to the nutrition program staff who make sure that meals are served day in and day out. They are the behind the scenes people who quietly go about the business of making lives better! Jeff Hahn, Jason Kolano, Yvonne Bernier, Rose August, Cathie Mercier, Mary Ann Brodbeck, Kathy Boiteau, Laura Henderson, Darcy Bjerke, Sue Barnum, and Linda Felmlee are a blessing to Chippewa County!
- In late November, we were notified that one of the long-term care agencies (IRIS Consultant Agency called Consumer Direct) will be ending services in January. This means that all of the people currently enrolled with this agency must be contacted by the ADRC to review their options and assist them in enrolling in something different. As you can imagine, this puts a bit of a strain on staff since this is also our busiest time of year. We also learned that Chippewa County had more people enrolled with this agency than any other county in this region. Sarah Hedlund, Kasha White, Holly Anderson, and Erika Stevens have been rock stars in assisting these folks! So thankful for the part-time Options Counselor, Jessica Gibson, who has been picking up additional work to lighten the load of the others!
- December 7th is the last day of Medicare Open Enrollment. Our team Benefit Specialist team of Breanna Schemenauer, Michelle Fellom, and Stephanie Rasmussen worked hard to assist folks with their Medicare plans. They also got some help from Carmen Olson and Renee Price to make this go smoothly.
- Carla Berscheit has been in high demand throughout both of the counties she serves. She is regularly consulting with staff of the ADRC and Adult Protective Services to make sure caregivers and people with memory loss have access to what they need to remain as independent as possible. We are all repeatedly saying, "How did we ever survive without a Dementia Care Specialist?" She is truly an asset!
- Be sure to stop in and say hello to your outstanding ADRC team! Have a beautiful holiday season.

Children, Youth & Families Division

- November was a busy month in **Birth-to-Three**. At the end of November, 42 enrolled families were provided with just over \$12,000 in financial support for transportation (gas, car repair, car seats) and essentials such as food and baby supplies, courtesy of the ARPA grant. The team completed two full days of FAN training and will continue this work over the next nine months. Additionally, Allison Oliphant received her Endorsement as an Infant Family Specialist from the Wisconsin Alliance for Infant Mental Health. Referrals have picked back up after a lull in October.

- **Child Protective Services (CPS)** has had an eventful year with change in leadership and the team as a whole. The last several months staff members have stepped up to meet higher expectations and take on additional roles due to be short staffed. The goal for 2023 is to stay strong with a full team after the current vacancy is filled. Six Child Protective Services and Youth Justice Workers are currently involved in the Plan-Do-Study-Act Collaborative hosted by the Wisconsin Child Welfare Professional Development System; the purpose of this collaborative is to increase knowledge about engaging non-custodial parents in an effort to reduce out-of-home placements and increase natural supports and resources for children and families. The Chippewa County Foster Care Program has made huge leaps and bounds in the last five months since Foster Care Coordinator Michelle Collins has assumed this role. Previously, there was a backlog of homes waiting to be licensed. Currently, the Department is up-to-date on licensing all prospective homes which has not been accomplished in many years. Chippewa County is continuing to recruit new foster homes as there is a large need due to the number of out-of-home placements and lack of available family members. In Michelle's role, she is working on new recruitment strategies and support groups/resources for foster families. We are excited for more positive changes in 2023!
- **Youth Justice:** On November 28, we welcome Kaitlin Vesely as our new ongoing youth justice team member. We are very excited to have Kaitlin join us!
- **CWDA:** We are currently advertising for our second 2022 CLTS-waiver position that was held in abeyance after approval from the County Board. Referrals continue to be high over the last couple of months, adding to consumers eligible for services.

Economic Support Division

- The state of Wisconsin did not receive word yet on COVID policy roll back. COVID policies will remain in effect for income maintenance programs until notice is received. The state has been assured it will receive a 60-day notice with the public health emergency will be allowed to expire.
- Congratulations to Laura Gont who was promoted from Economic Support Administrative Assistant to DHS Fiscal Account Assistant. Laura will transition to her new position on December 30.
- Economic support is also recruiting an Economic Support Specialist to fill the vacancy created by Danielle Jones who leaves us after five years of service. Danielle's last day was December 12.

Fiscal & Contracts Division:

- We are celebrating the retirement of two of our team members – Tammy Taylor is retiring after 31 years at Chippewa County and Sue Jakusz is retiring after 6 years at Chippewa County. Laura Gont and Song Wu were both internally promoted to our retirees' positions and will start the last week of December.
- We welcomed new Account Assistant Julie Martell on 11/28, who joins us with many years of experience at Lutheran Social Services (LSS).
- We have been working hard to complete DHS, RWC, and ADRC contracts as the end of the year approaches.
- Our staff has been working hard to get all bills paid and all Medicaid Revenue billed, as well as working together to cross-train and find efficiencies to help us meet our year end requirements.

Recovery & Wellness Consortium (RWC) Division - Building a Healthy Community Event
Resilience is a process and outcome of successfully adapting to difficult or challenging experiences. Resilience is important because it's needed to overcome hardship. Those lacking resilience get easily overwhelmed, and can turn to unhealthy coping mechanisms (i.e. substance use, social isolation), which can exacerbate mental health issues such as anxiety and depression. "Chippewa Strong" building a resilient community will have the first of two community wide events on Jan. 30, 2023. Keynote speaker is Denise Olsen who lost her husband, a firefighter, during the 9/11 attack. Following the keynote address there will be breakout sessions where conversation can take place on how the Chippewa community can heal from recent tragedies, empowering each other to create a life they love living. Event will take place at the Heyde Center for the Arts. Dinner is at 4:30 p.m.; keynote speaker is at 5 p.m. The event is free and open to all.

3. 2022 Monthly Fiscal Information

Through Month of: November 2022

Prorated 2022 Budget (total is \$24,807,743):	\$22,740,431	11 months
Expenses paid through November:	25,398,798	
Variance to Budget:	\$2,658,367	

Note: The November Over/(Under) amounts are an estimated annualized amount for each placement category. Prior months estimated amounts are shown to indicate if expense variances are trending up, down or remaining the same.

2022 Kinship Placement with a Relative

Month	Kinship	Projected Cost	2022 Budget*	Over/(Under)
January	106	\$369,402	\$394,020	(\$24,618)
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September	99	376,908	394,020	(17,112)
October	99	371,607	394,020	(22,413)
November	97	368,065	394,020	(25,955)
December				

2022 Children and Youth in Out-of-Home Placements

Month	Out of Home*	Out of Home**	Projected Cost*	2022 Budget	Over/(Under)
January	86	15	\$2,729,304	\$1,577,818	\$1,151,486
February	85	14	2,745,456	1,577,818	1,167,638
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May	78	9	2,780,072	1,577,818	1,202,254
June	80	6	3,024,355	1,577,818	1,446,537
July	74	5	3,021,844	1,577,818	1,444,026
August	76	4	3,003,466	1,577,818	1,425,648
September	73	7	2,831,856	1,577,818	1,254,038
October	67	10	2,879,770	1,577,818	1,301,952
November	75	10	2,820,748	1,577,818	1,242,930

* Children and Youth in Placement: Foster Care, Treatment Foster Care, Group Home, Residential Care

**Additional children placed with relatives (unpaid)

2022 Adult Mental Health and AODA Out-of-Home Placements:

Month	Out of Home	Projected Cost	2022 Budget	Over/(Under)
January	13	\$368,280	\$713,987	(\$345,707)
February	11	371,700	713,987	(342,287)
March	13	407,640	713,987	(306,347)
April	13	440,254	713,987	(273,733)
May	13	428,388	713,987	(285,599)
June	12	478,200	713,987	(235,787)
July	11	469,740	713,987	(244,247)
August	12	476,744	713,987	(237,243)
September	14	486,756	713,987	(227,231)
October	16	478,488	713,987	(235,499)
November	17	443,544	713,987	(270,443)

2022 Institute for Mental Disease (IMD) Placements

Month	Inpatient Days	Projected Cost*	2022 Budget	Over/(Under)
January	114	\$662,556	\$401,392	\$261,164
February	117	737,190	401,392	335,798
March	170	879,884	401,392	478,392
April	149	1,024,512	401,392	623,120
May	102	777,560	401,392	376,168
June	49	835,486	401,392	434,094
July	47	821,245	401,392	419,853
August	32	767,231	401,392	365,839
September	24	704,062	401,392	302,670
October	75	711,306	401,392	309,914

* IMD invoices are received two months in arrears

Note: The following reports show monthly disbursement amounts for each placement category. The month shown is the month the invoice was paid (not the month the charge was incurred)

Month	Kinship Amount Paid	Kinship Monthly Budget
January	\$0	\$32,835
February	31,529	32,835
March	30,739	32,835
April	32,417	32,835
May	32,095	32,835
June	32,202	32,835
July	31,040	32,835
August	31,255	32,835
September	29,996	32,835
October	29,480	32,835
November	29,040	32,835
December		32,835
Total	\$309,792	\$394,020

Month	Adults	Adult Monthly Budget
January	\$2,650	\$59,499
February	20,966	59,499
March	20,787	59,499
April	28,790	59,499
May	53,561	59,499
June	32,237	59,499
July	38,196	59,499
August	20,281	59,499
September	50,217	59,499
October	13,337	59,499
November	65,346	59,499
December		59,498
Total	\$346,368	\$713,987

Month	Children & Youth	Children & Youth Monthly Budget
January	\$123	\$131,485
February	239,303	131,485
March	156,872	131,485
April	234,202	131,485
May	247,302	131,485
June	349,317	131,485
July	278,417	131,485
August	117,583	131,485
September	264,791	131,485
October	176,907	131,485
November	261,783	131,485
December		131,483
Total	\$2,326,600	\$1,577,818

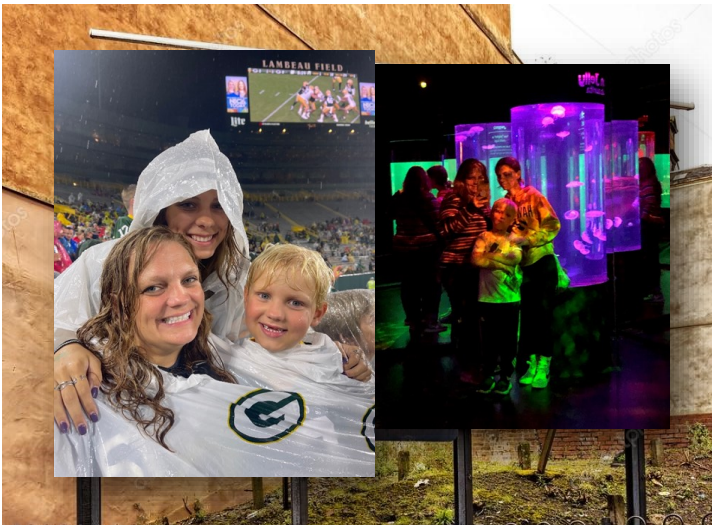
Month	IMD	IMD Monthly Budget
January	\$0	\$33,449
February	0	33,449
March	24,194	33,449
April	124,083	33,449
May	82,785	33,449
June	103,068	33,449
July	151,830	33,449
August	108,363	33,449
September	115,670	33,449
October		33,449
November		33,449
December		33,453
Total	\$709,993	\$401,392

In the Spotlight WELCOME

A BIG WELCOME to our latest new Human Services Employees

- ♦ Karla Halverson, CYF - Children with Differing Abilities (CWDA) Supervisor - started July 25
- ♦ Macey Awe, CYF - Child Protective Services (CPS) - started August 22

September



Karla Halverson
Children, Youth & Families

- ♦ If I was not doing this for a career, I would like to own an orchid greenhouse or braid hair on the beaches in Hawaii.
- ♦ My all-time favorite TV show is Punky Brewster. I relate to her spunk and personality!
- ♦ When I am not working I like to take care of my plants, children, and pets. My children and I enjoy anything with water or music!
- ♦ If I could learn anything I would like to learn how to surf. I have big dreams to someday live in Hawaii! This has been something I have wanted to do since I was in the 4th grade and I am obsessed with the Islands and Ohana culture. If you are ever planning a vacation to Hawaii stop by to see me may have travel tips for you.!!



Macey Awe
Children, Youth & Families

What do you like to do when you aren't working?

I love going on joyrides, getting coffee, and seeing friends! I also enjoy spending time outside, especially in the fall.

Before working at Chippewa County, what was the most unusual or interesting job you've ever had?

The most interesting past job I have had was working at a coffee shop. I love coffee and tea, and I had fun learning how to make different drinks!

WELCOME RECENT NEW EMPLOYEES - DECEMBER MINI-SPOTLIGHT

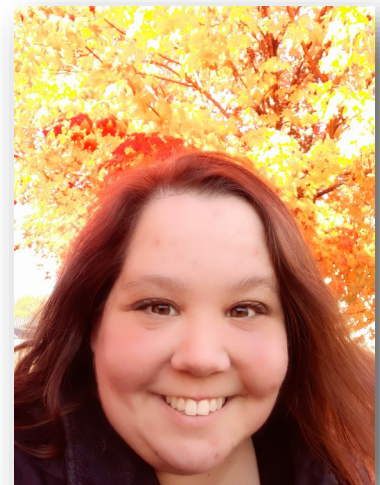


Kaitlin Vesely: Children, Youth & Families - Youth Justice

- ◆ **Before working at Chippewa County, what was the most unusual or interesting job you've ever had?**
 - ◇ My most interesting job was still here at Chippewa County but over at the Sheriff's Office in Dispatch. Every day, every call was different and I never knew what to expect when I picked up a phone call. Working nights was another fun adjustment to get used to but always enjoyed my co-workers!
- ◆ **If you could have any superpower what would it be?**
 - ◇ Teleportation. I love travelling and would love to be able to take weekend trips places without the long travel time. It would also be nice to get rid of the morning and afternoon commute time which would allow more free time!

Julie Martell: Fiscal and Contracts

- ✦ **What would you do for a career if you weren't doing this?**
 - ◇ Music teacher – this was my original major in college before changing my degree to Business Administration. I still have a music minor! 😊
- ✦ **If you could only eat one meal, every day for the rest of your life, what would it be?**
 - ◇ Burritos because they are so versatile. Limitless options!
- ✦ **What is your favorite thing to do in the Chippewa area?**
 - ◇ Spend time at Irvine Park. My favorite part of the park is the winding road through the woods. I make sure to take a drive through anytime see the gate open, especially in the autumn.





A BIG WELCOME to our Latest new Human Services Employees

- ◆ Claire Courtney: Children, Youth & Families - Child Protective Services (CPS) - started December 27.
- ◆ Anna Duske: Children, Youth & Families - Child Protective Services (CPS) - started December 27.

- ◆ What would you do for a career if you weren't doing this?
I have always thought about being a flight attendant, and still might as a "semi-retirement" job down the line! I love to travel, but especially love airplanes and airports!
- ◆ Top three life highlights:
My mom and step-dad's wedding, skydiving with my mom and brother, and giving the student commencement speech at graduation.
- ◆ If you could learn to do anything, what would it be?
To whistle!! I have been trying for 23 years and just can't seem to get it.



Anna Duske Children, Youth & Families



What's your proudest moment working here?

My proudest moment at Chippewa County was completing my internship here and then being hired as a part of the CPS team!

What would you do for a career if you weren't doing this?

If I was not doing CPS, I would like to work in a library. I love to read, so it would be perfect!

If you could only eat one meal, every day for the rest of your life, what would it be?

If I could only eat one meal for the rest of my life, I would choose sushi, specifically a spicy salmon roll.



STATEMENT OF EXPLANATION
HUMAN SERVICES CHILD PROTECTIVE SERVICES 2022 PERMANENCY
DATA - ASHLEY BROTT

5.7

Per request of the Board, Child Protective Services (CPS) Manager Ashley Brott will present program data on permanency outcomes for 2022.

Child Protective Services Permanency Data 2022

		2017	2018	2019	2020	2021	2022
CHIPS		115	115	80	84	73	69
Reunification		74	68	47	41	31	28
Chap 48 Guardianships		14	11	23	22	18	23
TPRs		12	19	6	19	15	26

		2017	2018	2019	2020	2021	2022
Number of Children Served		209	225	215	199	196	179
Total Entered Care		115	106	71	83	83	47
Total Exited Care		90	88	97	78	62	69



STATEMENT OF EXPLANATION
HUMAN SERVICES SOCIAL MEDIA 2022 METRICS REPORT - PAULINE
SPIEGEL/LESLIE FIJALKIEWICZ

5.8

Human Services has had a social media Facebook page for almost four years for the purpose of creating community/public awareness about our department and what we do. Platform administrator Pauline Spiegel will share information and data through the annual report. The ADRC also has a Facebook page and their annual report is also included.



Human Services

Social Media Metrics January 1 - December 31, 2022

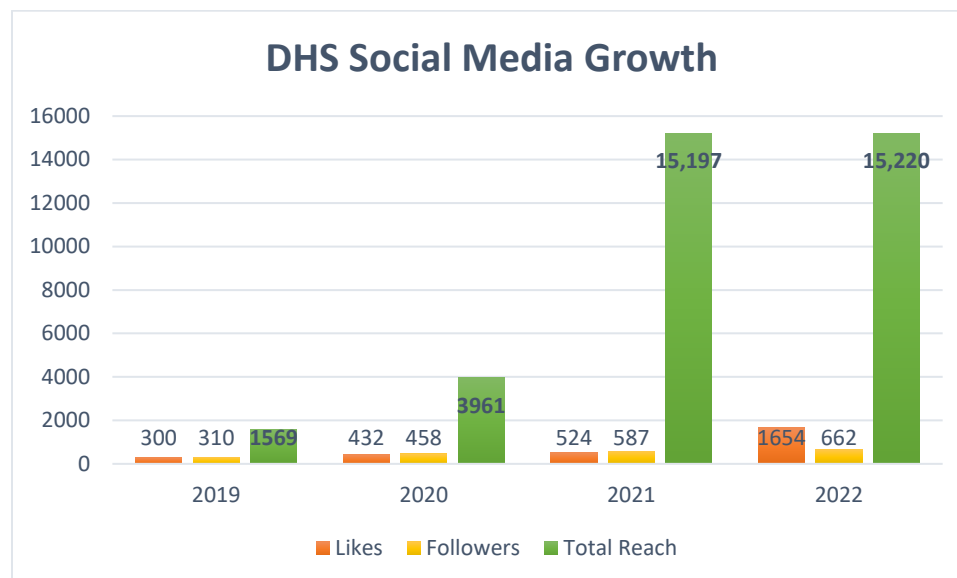


DHS Social Media (Facebook) Overview

The Department of Human Services (DHS) established their presence on Social Media (Facebook) March 18, 2019. This occurred through the work and dedication of Lead Administrative Assistant Pauline Spiegel's goal of 2019 to launch Facebook, along with assistance from another DHS Administrative Assistant Angel Lequia. Pauline is the primary platform administrator and the current backup administrator is Brandi Engel.

We wanted a social media page to create community/public awareness about Human Services – what we do and how we can help; create awareness of our connections/partnerships with community – how we all work together to assist people; and build a positive Human Services branding/image. The posts on donations for foster care, employee activities, and highly important services related information seem to be the most popular.

This is our fourth year of social media and flowing along fairly smooth, while continuing to learn and grow.



Understanding Facebook (from CVTC Social Media Training 11-30-21)

- **Facebook Profile:** provides access to Facebook
- **Facebook Page:** vehicle to share content on Facebook
- **Timeline:** updated repository of Facebook content
- **Reach:** measure of how many people see Facebook posts
- **Algorithm:** instructions for Facebook to share content
- **Organic:** reach created without financial backing
- **Insights:** data related to reach
- **Engagements:** Facebook interactions (likes and other emojis, shares, comments, etc.)
- **Followers:** users who chooses to see all the posts of another user's posts in their content feed.

DHS FACEBOOK METRICS

Audience

Current audience Potential audience

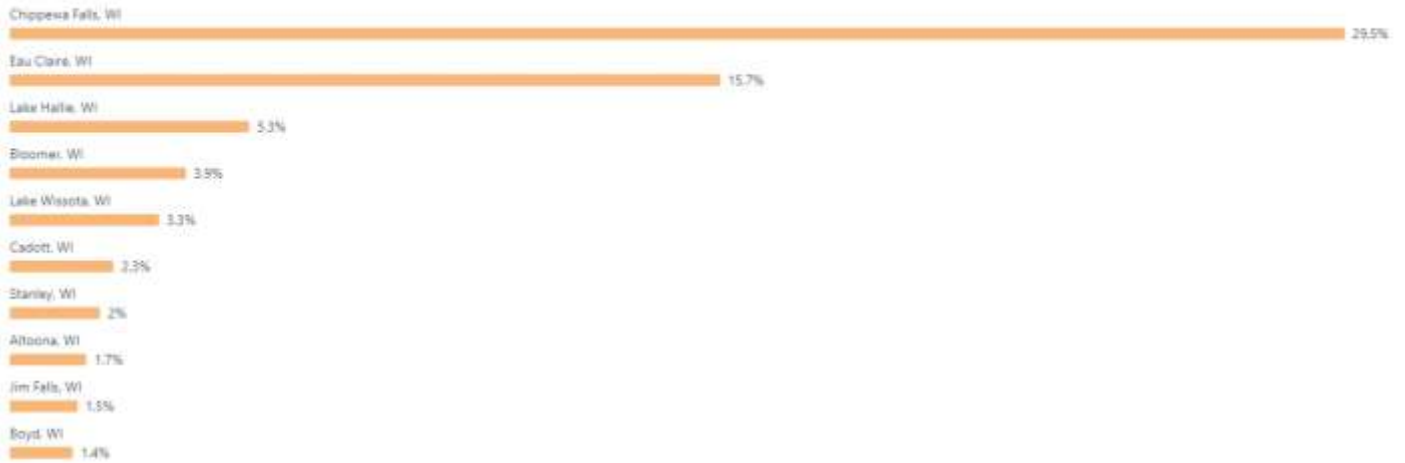
Facebook Page followers ⓘ

662

Age & gender ⓘ



Top cities



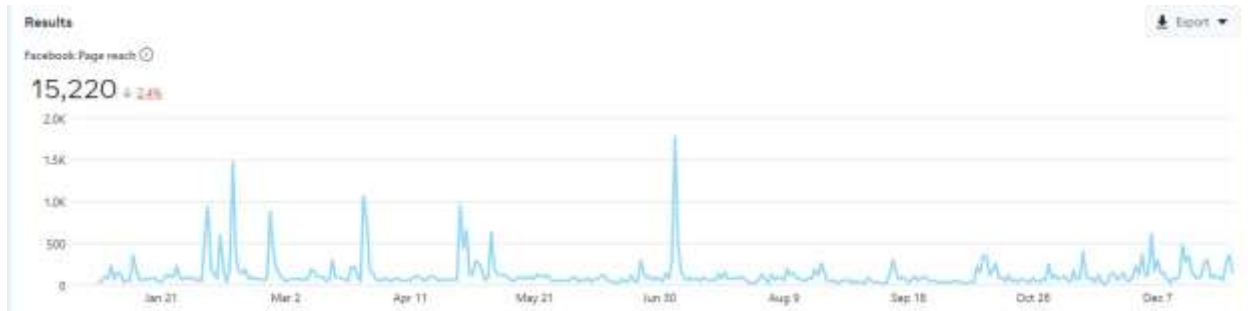
Top countries



Reach out to new people

The more people who follow your Page, the easier it is for others to discover your brand. Send invites to people who reacted to your Facebook posts to follow your Page. [Learn more](#)

Send invites



HIGHEST DHS REACH/ENGAGEMENTS POSTS

Recent content ↑↓	Type	Reach ⓘ ↓	Likes and reactio... ⓘ ↑↓
 This post has no text Jul 2, 2022	Post	Boost post	2,753 33
 This post has no text Mar 27, 2022	Post	Boost post	2,014 24
 This post has no text Feb 13, 2022	Post	Boost post	1,837 7
 Staff at Chippewa County Human S... Feb 4, 2022	Post	Boost post	1,714 90
 Mark your March calendar! Feb 25, 2022	Post	Boost post	1,414 0
 Warm wishes on this Administrativ... Apr 27, 2022	Post	Boost post	1,368 18
 This post has no text Dec 2, 2022	Post	Boost post	1,008 3

Fishing Has No Boundaries
Chippewa Valley Chapter
22nd Annual Fishing Event
Adaptive Angling Promoting all Inclusion

Who : Anglers with disabilities, friends, family, guests, attendees
*What : day of fishing **PACKED** with fun, fishing, boating, eating!*
When : August 6th, 2022

*Where : Paradise Shores, Lake Holcombe, Holcombe WI,
26364 County Highway M, Holcombe, WI 54743.*
*Why : To open the world of adaptive fishing and accessible for
fishing for all*

*Provided: Rods, reels, life vests, adaptive fishing equipment, bait,
fish cleaning, boats, pontoons, guides, Saturday evening dinner.
You bring the smiles!!!*

*Join us for a day of fun, fishing and camaraderie!
No Fishing license or experience needed!*

Cost: Free
*For more information, donating or to register contact Bobbi or Amanda at:
1-800-228-3287x111 or 715-233-1070x111
Or email cvalub@chippewa.com or amandam@chippewa.com*



Performance

Reach ⓘ

Total
2,753

Organic 2,753 (100%)
Paid 0 (0%)

Engagements ⓘ

Reactions
33

Comments 1
Shares 21



Join our training to become a Certified Peer Specialist

A certified peer specialist is someone who has lived experience with mental illness and/or substance use disorder, and has formal training to support recovery.

An active participant on the consumer's treatment and recovery team. A paid professional who uses their experience and training to support recovery.

You must complete an application and pass an interview to be selected for training. Only the first 50 applications will be considered.

Applications will only be accepted from the following counties: Barron, Chippewa, Clark, Dane, Eau Claire, Pepin, Pierce, Polk, Rock, and St. Croix.

Friday: May 6th
Monday - Friday: May 9th - 13th
Monday - Friday: May 16th - 20th
Monday - Friday May 23rd - 27th
 1:30pm-4:30pm daily
 Virtually (online)

To apply online go to:
<https://www.wicps.org/>
 For additional information contact:
 Chris Richardson:
richardsonchristine2@gmail.com

Applications must be received by: Friday, April 8th, 2022

This training is sponsored by Center for Independent Living Western Wisconsin

Boost post

Post overview

March 27, 2022 at 11:49 AM

ID: 294362326143135

Interactions



24 reactions



0 comments



16 shares

Overview

Performance

Feed preview

Performance

Reach ⓘ

Total
2,014

Engagements ⓘ

Reactions
24

Negative int

Total
1

A Unique Opportunity

YOUR IDEAS MATTER

The Aging & Disability Resource Center (ADRC) of Chippewa County is looking for someone interested in issues that affect older persons and persons with disabilities to serve on the ADRC Board.

In addition to providing your ideas, you will learn about programs, services and legislative initiatives that impact our older population and persons with disabilities. The Board meets every other month at the Chippewa County Courthouse.

Call or email Leslie at ADRC@co.chippewa.wi.us or 715-726-7779 for more information.



Boost post

Post overview

February 13, 2022 at 10:32 AM

ID: 268963195349715

Interactions



7 reactions



0 comments



5 shares



Overview

Performance

Feed preview

Performance

Reach ⓘ

Total
1,837

Engagements ⓘ

Reactions
7

Negative

Total
3



Overview

Performance

Feed preview

Boost post

Staff at Chippewa County Human Services wore red today

February 4, 2022 at 5:30 PM

ID: 263852152527486

Interactions

90 reactions

2 comments

5 shares

Performance

Reach ⓘ

Total
1,714

Engagements ⓘ

Reactions
90

Negative interactions ⓘ

Total
1

Virtual Dementia Education Programs

Serving Northwest Wisconsin - March 2022

Programs:

Dementia and SafetyTuesday, March 1st, 3:00 - 4:00 pm
Carla Berscheit, cberscheit@co.chippewa.wi.us
715-944-8091**Dementia Live Virtual Simulation**Wednesday, March 9th, 3:00 - 4:00 pm
Chelsea Thompson, chelsea.thompson@douglascountywi.org
715-395-1322**Dementia and Sundowning**Tuesday, March 15th, 1:00 - 2:00 pm
Tuesday, March 29th, 3:00 - 4:00 pm
Carla Berscheit, cberscheit@co.chippewa.wi.us
715-944-8091**Boost Your Brain & Memory Class**Mondays, March 21st - May 9th, 1:00 - 2:00 pm
Kim Bauer, kimberly.bauer@hccwi.gov, 715-381-4411**Savvy Caregiver Class**Mondays, March 21st - April 25th, 5:00 - 7:00 pm
Trisha Witham, www.adrconnections.org, 715-537-6225**Wits Workout**Wednesday, March 23rd, 11:00 am-Noon
Trisha Witham, www.adrconnections.org, 715-537-6225**Grandpa and Lucy**Thursday, March 24th, 3:30 - 4:30 pm or 5:30 - 6:30 pm
Trisha Witham, www.adrconnections.org, 715-537-6225

Coordinated by the

Program Descriptions:

Dementia and Safety

Learn ways to avoid potential hazards and safe guards available for a person living with dementia in the home.

Dementia Live Virtual Simulation

A simulation experience that immerses participants into life with dementia, resulting in a deeper understanding of what it's like to live with cognitive impairment and sensory changes.

Dementia and Sundowning

Sundowning is increased confusion in a person with dementia in the early evening. Learn why it happens and how to limit sundowning behaviors.

Boost Your Brain & Memory Class

A unique program that takes on a holistic approach to improving brain health in older adults. Participants will learn new habits to maintain cognitive health while also practicing new skills for better memory performance.

Savvy Caregiver Class (6 weeks)

Proven curriculum grounded in research, this educational series is designed to teach strategies and practical real-world skills that helps to reduce stress, both in the caregiver and person living with dementia.

Wits Workout

An engaging, interactive, and educational brain health program. Based on the research that intellectual challenge and social connectedness are two of several factors that contribute to brain health throughout life.

Grandpa and Lucy

Performance

Reach ⓘ

Total
1,414

Engagements ⓘ

Reactions
0



Boost post

... X

Warm wishes on this Administrative Professionals Day to our A...

April 27, 2022 at 10:00 AM

ID: 313211234258244

Interactions



18 reactions



0 comments



2 shares

Overview

Performance

Feed preview

Performance

Reach ⓘ

Total

1,368

Engagements ⓘ

Reactions

18

Negative interactions ⓘ

Total

1



- * **E-gift Card Scams:** With the holiday season in full swing, so are gift card and prize scams. If you receive any suspicious emails like this from someone claiming to be your friend, make sure to confirm it with them or through another method before doing anything further.
- * **Charities:** Charity scams actually worsen during the holiday season. If someone contacts you asking for money via personal email or another method, beware that it might be fraudulent.
- * **Demographic Targeting:** Scammers are taking advantage by targeting consumers with fraud that's more personalized (e.g. getting an email that looks like it could be from someone you know). Clicking on the link will take you to a fake website where you're asked to share personal information.
- * **Subscription Renewals:** Scammers love to target people at the end of the year, and one particularly nasty version of these emails spoofs antivirus services. If you take a closer look at the sender's email address, you can usually spot these scams pretty easily.



Performance

Reach ⓘ

Total

1,006

Organic
Paid1,006 (100%)
0 (0%)

Engagements ⓘ

Reactions

3

Comments
Shares0
4

Note About This Post:

- The IT Department sent out an ALL EMPLOYEE email with this information.
- A suggestion was made for this info to be shared through social media.
- DHS Facebook Administrator Pauline Spiegel designed this ad for a Facebook post and shared it with other department Facebook administrators.

Chippewa County Department of Human Services Aging Disability Resource Center

**Social Media Check-In
Review of 2022
Leslie Fijalkiewicz**



Current Content & Goal

We want everyone to **know us** before they **need us**!

That means providing helpful information that is timely, accessible and relevant.

- Transportation program
- Meals on Wheels, Senior Dining
- Medicare & Medicaid
- Other public and private benefits and programs
- Dementia related programming and information
- Family caregiver resources & information
- Healthy living events
- Partner agency updates
- Position openings



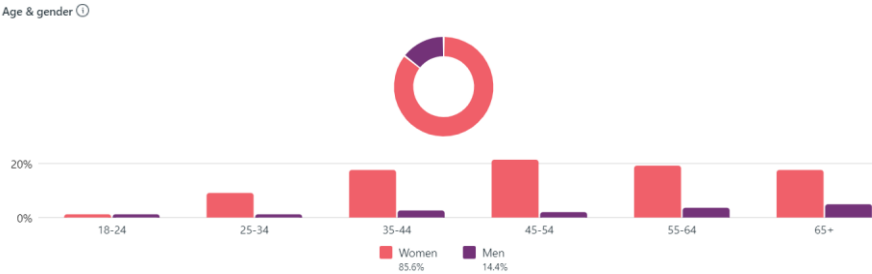
Who Manages Our Facebook

Leslie Fijalkiewicz	ADRC Manager
Kelly Zimmerman	Nutrition & Transportation Coordinator
Breanna Schemenauer	Administrative Assistant to the Benefits Specialists
Carla Berscheit	Dementia Care Specialist



Facebook Followers – 328

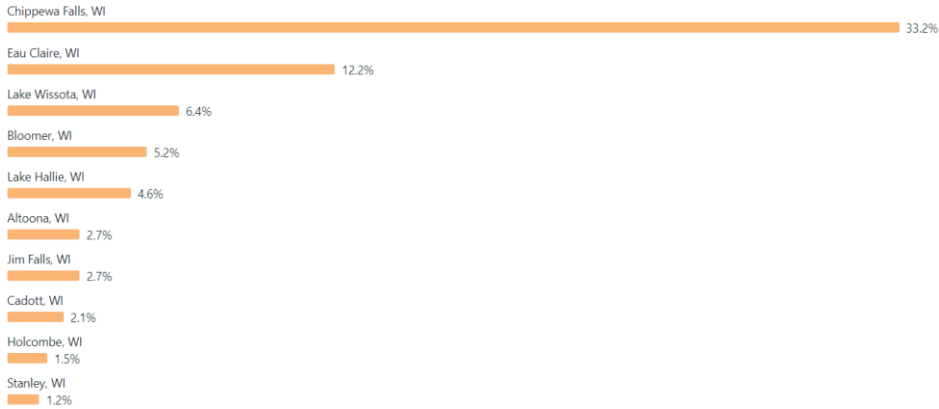
85.6% Women 14.4% Male



We are reaching our target audience... anyone age 18+ and any gender.



Facebook Followers - 328



Jun 16, 2021 – May 4, 2022



Page Reach

During 2022, we've reached **26,104** different people.
That's how many people see our content.

Facebook Page reach ⓘ

26,104 ↑ 180.4%



Top Performing Posts of 2022

Recent content ↑↓	Reach ⓘ ↓	
 Chippewa County Hou Dec 28, 2022	2,158	Chippewa County Housing Authority
 It's that time of year w Dec 1, 2022	1,739	Meals on Wheels Volunteers (snowbirds)
 Veteran's Day Program Nov 11, 2022	1,460	Veterans Day Programs
 Are you new to Medicar Sep 18, 2022	1,311	Are you new to Medicare
 Book Club - High Octa Sep 29, 2022	1,039	Book Club – High Octane Brain
 September is here! Sep 6, 2022	1,021	Bridging Chippewa County



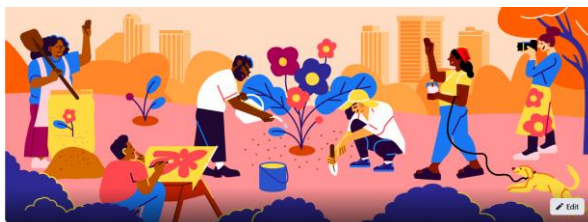
More Top Performers

Recent content ↑↓	Reach ⓘ ↓	
 Get free COVID hoi Dec 3, 2022	704	Free COVID tests available at ADRC
 Savvy Caregiver - \\\n Sep 8, 2022	571	Savvy Caregiver program
 The ADRC offers a Nov 2, 2022	560	Vehicle modification grants
 First come, first ser Nov 30, 2022	504	Incontinence supplies available for free
 Memory Café - Chi Sep 21, 2022	384	Chippewa Falls Memory Cafe
 ADRC Staff Spo Sep 8, 2022	276	Staff Spotlight new Elder Benefits Specialist



Dementia Care Group

- We have a public group for Dementia posts
- This Group has 77 members doubled since April
- 85% are women and 15% are men
- 48 of the 77 members are age 35-64 (caregivers)



Dementia Care & Resources of Chippewa County, WI



Things we learned:

- Sharing posts from other agencies also expands our visibility.
- Event feature has been a great way to engage people
- We still want more followers so we show up on more newsfeeds
- Facebook helps our pool of applicants for positions and participation in events and programs



Goals for 2023

- Continue to share posts from other agencies especially news outlets
- Try a live event possibly with DCS education
- Pose questions in our posts to improve engagement
- Continue to improve our templates for social media posts to ensure they “look” good no matter what device people are using





**STATEMENT OF EXPLANATION
HEALTH AND HUMAN SERVICES BOARD ANNUAL PERFORMANCE
EVALUATION RESULTS - TIM EASKER/ANGIE WEIDEMAN**

5.9

Every year a board evaluation is given to all Health & Human Services Board members to complete. This provides feedback to the Board, Board Chair, and Human Services and Public Health Directors on what is working well and areas that may require further development. The results for 20** will be reviewed and discussed.

Chippewa County Health & Human Services Board Evaluation Survey

Statements

HHS Board Meetings

	2017 Mean	2018 Mean	2019 Mean	2020 Mean	2021 Mean	2022 Mean
1. Board meetings begin on time.	4.33	4.13	4.71	4.89	5.00	5.00
2. Board meetings are completed in a reasonable amount of time.	3.83	3.63	4.29	4.33	4.50	4.67
3. Board meetings are focused and stick to the agenda.	3.83	4.00	4.43	4.56	4.50	4.56
4. Board meetings have a positive tone.	4.17	4.25	4.43	4.44	4.33	4.33
5. Board meetings encourage participation by all members.	4.83	4.25	4.43	4.33	4.17	4.22
6. Board meetings focus on policy and outcomes rather than management issues.	4.17	3.75	4.14	4.44	4.50	4.44
7. Board meeting discussion/participation indicate members come prepared to take action on policies/programs.	4.33	4.25	4.43	4.44	4.17	4.11
8. Board meetings are held in adequate facilities.	4.83	4.63	4.71	4.00	4.67	4.78
9. Board meetings are cordian and personal attacks avoided.	4.00	4.63	4.57	4.78	4.67	4.44
Average Mean	4.26	4.17	4.46	4.47	4.50	4.51

10. Suggestions on how to further develop meetings that will assist you the most:

*Communication is nearly always the number one challenge in any organization. I am pleased to see that there are efforts to make communication easier and less intimidating when problems or miscommunication occurs.

*I think if the room was set up better instead of the chair above everyone else that it would feel like a better team environment with everyone sitting in a rectangle instead of classroom style. It currently feels cold.

HHS Board Members (Pertaining to Human Services Department)

12. Board members understand and support Human Services' mission and strategic plan.	4.33	4.00	4.29	4.44	4.33	4.22
13. Board members understand Human Services' statutory responsibilities.	4.33	3.88	4.00	4.44	4.33	4.11
14. Board members understand that communication with staff goes through the Human Services Director.	4.67	3.75	4.14	4.56	4.50	4.67
15. Board members works with the Human Services Director to secure and maintain sufficient staff.	4.00	3.63	4.00	4.44	4.33	4.33
16. Board members take advantage of Human Services related learning oppotunities such as conferences, summits, and other activities.	3.67	3.38	3.29	3.89	3.67	3.11
17. Board members communicate community needs to the Human Services Director.	3.83	3.50	4.00	4.11	4.33	4.00
18. Board members support improving efficiency and effectiveness of Human Services through staff training and quality improvement initiatives.	4.33	4.13	4.14	4.33	4.83	4.56
Average Mean	4.17	3.75	3.98	4.32	4.33	4.14

19. Additional Comments:

*Board members are provided with many opportunities to link to resources, attend various informational meetings, etc. I don't think many of these are accessed but it is great they are provided.

*He could share more and not be so condescending; treat everyone the same or at least make it feel that way.

*I appreciate Director Easker taking time to meet and educate me on the wide range of issues facing children and families in the county as well as the difficulty in hiring and retaining staff.

Statements

HHS Board Members (Pertaining to Public Health Department)

	2017 Mean	2018 Mean	2019 Mean	2020 Mean	2021 Mean	2022 Mean
20. Board members understand and support Public Health's mission and strategic plan.	4.17	4.25	4.57	4.56	4.33	4.22
21. Board members understand Public Health's statutory responsibilities.	4.33	4.13	4.43	4.44	4.83	4.11
22. Board members understand that communication with staff goes through the Public Health Director.	4.33	4.13	4.43	4.44	4.83	4.78
23. Board members works with the Public Health Director to secure and maintain sufficient staff.	4.17	3.75	4.14	4.44	4.50	4.67
24. Board members take advantage of Public Health related learning oppotunities such as conferences, summits, and other activities.	3.50	3.63	3.57	3.67	3.83	3.33
25. Board members communication community needs to the Public Health Director.	4.17	4.00	4.00	4.33	4.33	4.33
26. Board members support improving efficiency and effectiveness of Public Health through staff training and quality improvement initiatives.	4.50	4.13	4.43	4.56	4.67	4.78
Average Mean	4.17	4.00	4.22	4.35	4.47	4.32

27.Additional Comments:

*I have appreciated Director Weideman's willingness to meet and explain the workings of the Health Department and the role it plays in the county overall.

28. The Board reviews important documents (e.g. policies, programs, strategic plans, etc.	4.17	4.38	4.57	4.44	4.00	4.22
29. The Board review the annual budget.	4.17	4.13	4.29	4.89	4.33	4.33
30. The Board is provided adequate information and data to make informed policy decision.	4.83	4.00	4.57	4.56	4.17	4.22
Average Mean	4.39	4.17	4.48	4.63	4.17	4.26

31.Additional Comments:

*Please provide the advantages and disadvantages. All presentations are pointed towards what the department recommends.

32. Orientation as a new board member provided an adequate overview of board member role and responsibilities.	4.40	4.00	4.17	4.33	4.33	3.67
--	------	------	------	------	------	------

33. Suggestions that you think would be helpful to include in new board member orientation:

*A general overview of the service areas HHS (both Public Health and Human Services) engage in would be helpful in initiating new board members. The discussion of how the various agencies and staff interact with state and local public and private grous can be confusing.

Average Overall Mean	4.28	4.02	4.26	4.42	4.36	4.18
-----------------------------	-------------	-------------	-------------	-------------	-------------	-------------

2022 - 9 responses; 2021 - 6 responses; 2020 - 9 Responses; 2019 - 7 Respones; 2018 - 8 Responses; 2017 - 6 Responses; 2016 - 7 Responses



STATEMENT OF EXPLANATION
PUBLIC HEALTH 2023-2026 STRATEGIC PLAN - NIKKI HOERNKE

6.1

Community Health Planning and Promotion Specialist Nikki Hoernke will present the Public Health 2023-2026 Strategic Plan. Public Health Director Angie Weideman seeks approval by the Board.



2023-26 Strategic Plan

The plan is roadmap to foster a shared understanding of what we plan to achieve and how we will achieve it



Organization Overview

Mission

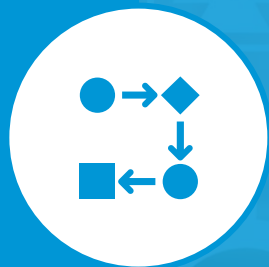
Prevent, Promote, Protect

Vision

The Healthiest County to Live, Learn, Work, and Play

Values

P.R.I.D.E. | Partnership | Respect | Innovation | Dedication | Equity



Strategic Planning Process

A strategic planning core team convened in Spring of 2022 to kick off the strategic planning process





Strengths

58% of respondents indicated **communication** was a strength of the department.

14% thought **services** were a strength.

Compassionate and caring and **professionalism** both were reported by 11% of respondents.

Additional strengths reported include **knowledgeable** and **collaboration**.

Weaknesses

Public health guidance and **communication quality** were both reported as a weakness by 20% of respondents.

16% felt a weakness of the department was they were **under-equipped**.

12% of respondents reported **interference with personal liberties** was a weakness.

Additional weaknesses reported include **promptness** and **unelected officials making decisions**.



	Unadjusted	Age-adjusted	Income-adjusted	Sex-adjusted	Race-adjusted
Communication	58%	62%	55%	57%	59%
Services	14%	13%	20%	13%	14%
Professionalism	11%	11%	10%	11%	11%
Compassionate/Caring	11%	7%	11%	13%	10%
Knowledgeable	4%	5%	3%	3%	4%
Collaboration	1%	2%	1%	3%	1%

Strengths



Weaknesses

	Unadjusted	Age-adjusted	Income-adjusted	Sex-adjusted	Race-adjusted
Public Health Guidance	20%	18%	22%	15%	20%
Communication Quality	20%	18%	24%	17%	20%
Under-equipped	16%	9%	15%	15%	16%
Interference w/ Personal Liberties	12%	10%	8%	13%	11%
Promptness	8%	24%	8%	10%	8%
Political Interference	6%	5%	4%	6%	6%
Unelected Officials Making Decisions	4%	2%	5%	2%	4%
Other	8%	4%	7%	15%	8%
None	8%	9%	6%	7%	8%



Communication



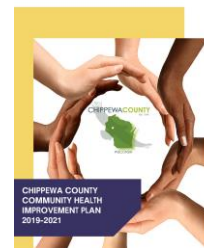
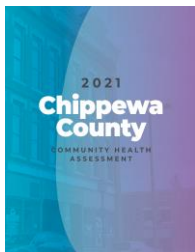
Health Equity

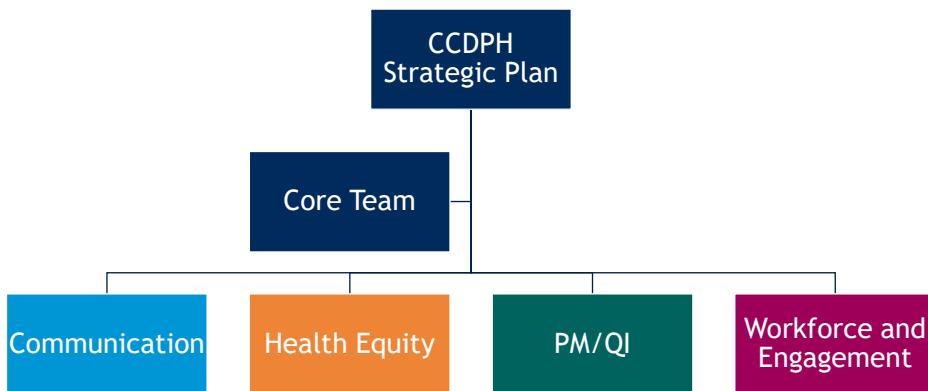
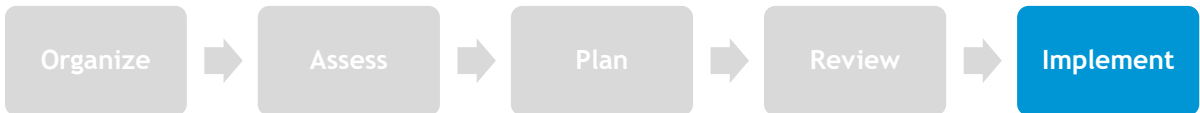


PM/QI



Workforce and Engagement







Goals and Objectives

Each team developed an action plan



Communication



Health Equity



PW/QI



Workforce &
Engagement

Let's review the plans on pages 8-9

Goals and Objectives

Communication

Goal 1: Provide information on public health issues and public health functions through multiple methods to a variety of audiences while cultivating a positive relationship between the department and the community

Objective 1.1: Develop a procedure for non-emergency communications by December 31, 2023

Objective 1.2: Review the department-wide brand strategy by December 31, 2024

Objective 1.3: Develop a comprehensive outreach strategy by December 31, 2023

Objective 1.4: Complete a quality improvement project on CDPH's website by December 31, 2025

Goal 2: Improve internal communication to increase efficiencies and support a positive workplace culture

Objective 2.1: By December 31, 2024, update the communication plan to include best practices around internal communication (e.g., preferred methods of communication, guidelines for emails)

Objective 2.2: Review the communication plan annually, and update it as needed

Health Equity

Goal 3: Promote a culture of Health Equity throughout the County of Chippewa

Objective 3.1: Collaborate with the Communications Team to increase the capacity to communicate with individuals who may experience barriers to receiving information by December 31, 2025

Objective 3.2: Increase awareness within CDPH about health equity by December 31, 2025

Objective 3.3: Develop a CDPH Health Equity Plan by December 31, 2023

Objective 3.4: Collaborate with Workforce Development to evaluate recruitment and hiring practices to include health equity by December 31, 2025

Objective 3.5: Build capacity on the health equity team by recruiting at least one external partner by December 31, 2023

Objective 3.6: Have ongoing engagement with the public health system and the community in promoting health through collaborative processes

Performance Management/Quality Improvement (PM/QI)

Goal 4: Build and foster a culture of quality improvement among public health staff across projects and activities by December 31, 2025

Objective 4.1: Every six months, update the existing QI activities reporting procedure to be in accordance with the current QI implementation efforts

Objective 4.2: Managers lead and document at least one QI project in each division yearly

Objective 4.3: Provide at least one training on evidence-based PM/QI tools to public health staff yearly

Objective 4.4: By the end of each year, provide a brief summary report or dashboard on PM/QI activity status in the department and evaluate the impact of PM/QI on services

Objective 4.5: Prioritize PM/QI time during monthly all-staff and division meetings to discuss projects, issues, progress, and solutions so that it becomes a routine method in the department

Goal 5: Utilize evidence-based practices and other forms of information for decision-making to maintain best practices in program implementation and evaluation by managers by December 31, 2025

Objective 5.1: Review PM/QI best practices every year by dedicated staff (e.g., PM/QI, interns) through literature review or consultation with evaluation experts and update the PM/QI plan, as needed

Objective 5.2: Make sure annual refresher trainings are being offered to managers, project leads, and staff when appropriate

Objective 5.3: In the last quarter of each year, dedicate a space for creative thinking taking into consideration the current needs, health equity and changes in the vision and direction of public health as a whole

Workforce and Engagement

Goal 6: Improve workplace culture and public health skills by December 31, 2025

Objective 6.1: Review the Workforce Development Plan annually, and update it as needed

Objective 6.2: Increase employee engagement from 2023 to 2026 by using the engagement survey

Objective 6.3: Develop a strategy to create connections with all staff in a telecommuting environment by December 31, 2025

Objective 6.4: Increase staff knowledge and skills of the of the public health core competencies through professional development (e.g., trainings, conferences)



Linkage with Other Plans

The strategic plan is not intended to be a stand-alone document. It should be aligned with other important assessment, planning, and evaluation work



The Community Health Assessment informs all three plans.

Adapted from MarMason Consulting LLC, 2012

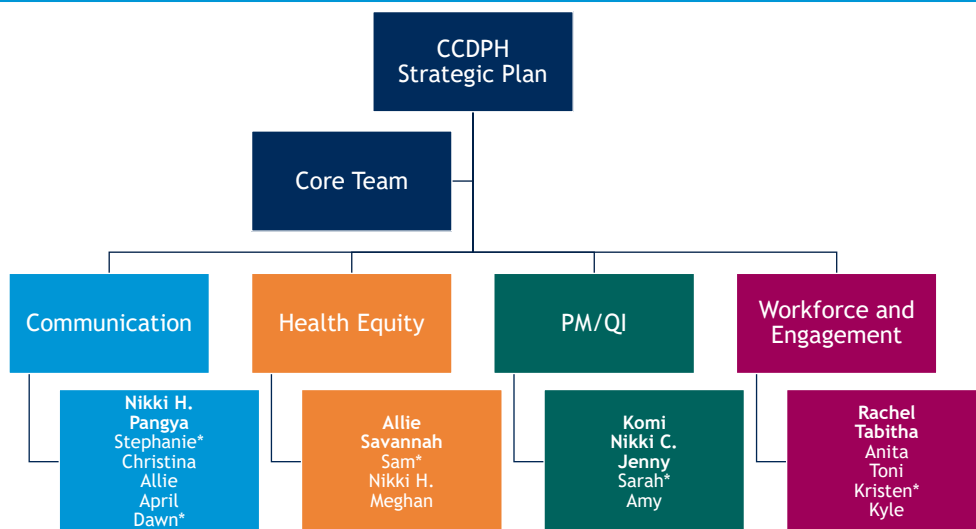


Putting the Plan in Action

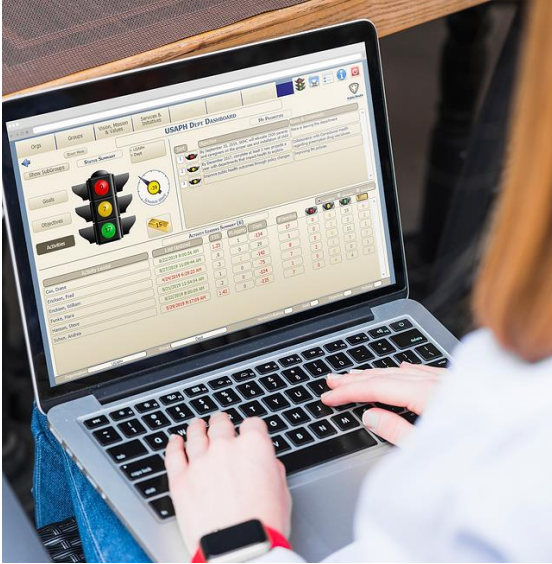
The plan is living document that will be routinely reviewed, monitored, and updated based on progress, changing needs, and priorities



Monitor Work Plan Progress



Collect, Analyze, & Report Performance Data



Quarterly Period	Activity Entry Deadline	Report Deadline
Q1 (Jan 1-Mar 31)	Apr 5	Apr 10
Q2 (Apr 1-Jun 30)	Jul 5	Jul 10
Q3 (Jul 1-Sep 30)	Oct 5	Oct 10
Q4 (Oct 1-Dec 31)	Jan 5	Jan 10

Engage & Communicate w/ Stakeholders

Health and Human Services Board
Community Partners
Department Leadership
Strategic Plan Core Team
Strategic Plan Team Leads
All Department Staff



Revise and Update the Strategic Plan

1

Strategic plan priority area team receives approval from the team's upper leadership member to review and revise the plan.

2

Strategic plan priority area team saves a copy of the plan.

3

Strategic plan priority area team tracks changes when editing the plan.

4

Once all revisions are completed, the strategic priority area team leads send an email to the core team for review.

5

After review, the core team lead documents edits in the plan's revision record.

Revise and Update the Strategic Plan

6

Once finalized, Health Officer/Director takes the plan to Health and Human Services Board for review and approval annually.

7

If approved, Health Officer/Director moves the former plan and renames it to include the archive date.

8

Health Officer/Director saves the updated plan.

9

The core team lead communicates updates to plan at the next department all-staff meeting.



Thank you



CHIPPEWA COUNTY
Public Health
Prevent. Promote. Protect.

2023-26 Strategic Plan

Chippewa County Department of Public Health

Chippewa County Department of Public Health

2023-26 Strategic Plan

A publication of the Chippewa County Department of Public Health (CCDPH)

Strategic Plan Core Team

Nikki Hoernke, Community Health Planning and Promotion Specialist, Chippewa County Department of Public Health

Kari Ives, Chair, Chippewa County Health and Human Services Board

Kristen Kelm, Community Health Division Manager, Chippewa County Department of Public Health

Komi Modji, Epidemiologist, Chippewa County Department of Public Health

Angela Weideman, Director/Health Officer, Chippewa County Department of Public Health

Emily Wievel, Public Health Strategist, Wisconsin Department of Health Services Division of Public Health Office of Policy and Practice Alignment

Acknowledgments

CCDPH would like to thank Christa Cupp and Emily Wievel, Wisconsin Department of Public Health Division of Public Health Office of Policy and Practice Alignment, for their guidance during the strategic planning process. Their expertise and support were invaluable.

We want to thank our community partners and stakeholders for their time in providing feedback on our work and the strengths and weaknesses of the department.

Finally, we thank Chippewa County Health and Human Services Board for their participation, feedback, and support.



Chippewa County Department of Public Health is a nationally accredited Health Department through the Public Health Accreditation Board (PHAB). The accreditation program sets standards against which the nation's governmental public health departments can continuously improve the quality of their services and performance. To receive accreditation, health departments must complete PHAB's rigorous, multi-faceted, peer-reviewed assessment process to ensure it meets quality standards and measures.

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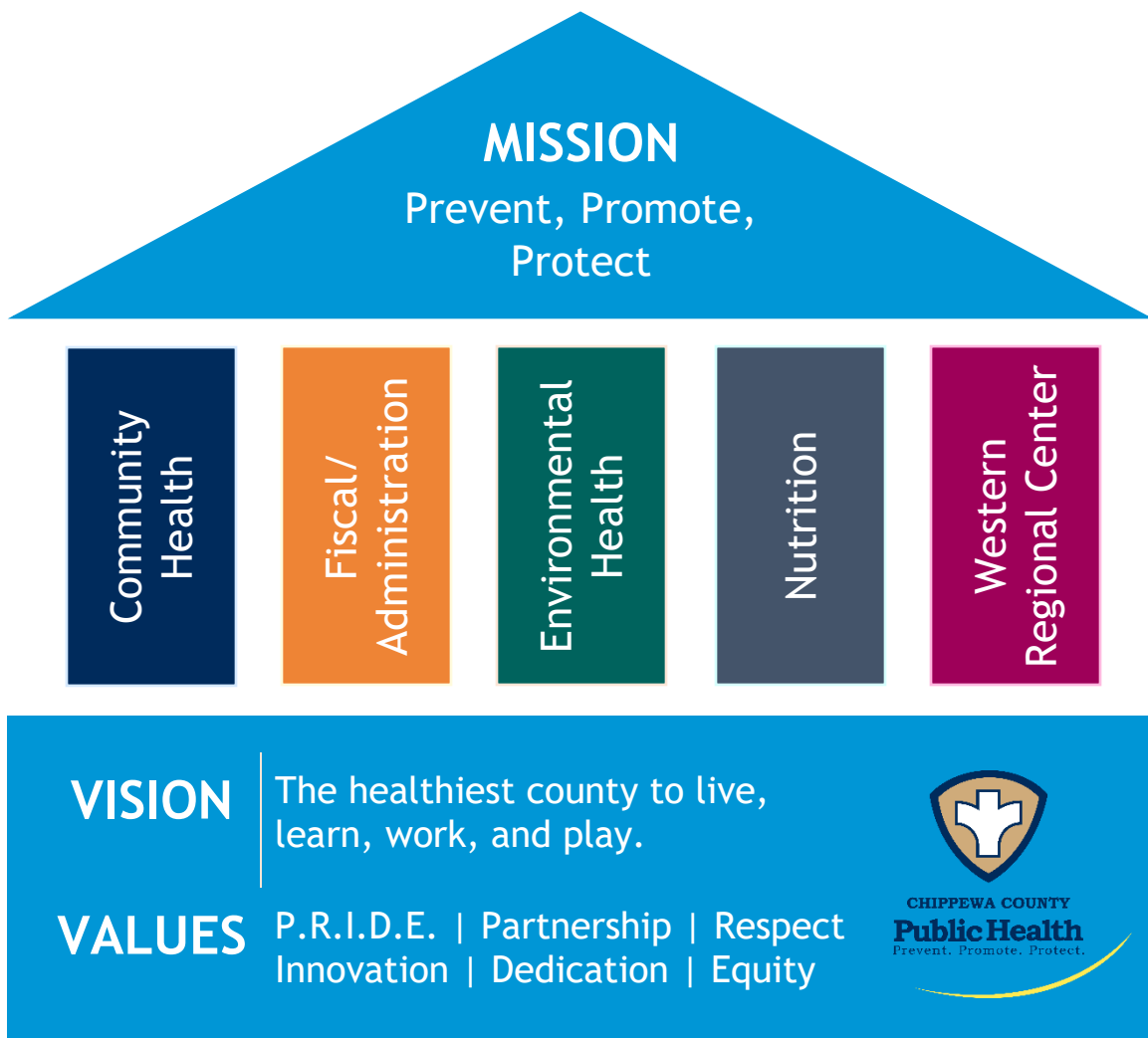
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Introduction

Purpose

The strategic plan defines and determines the health department's roles, priorities and direction over the next three years. It provides a roadmap to foster a shared understanding among staff to align towards contributing to what the department plans to achieve, how it will achieve it and how it will know whether efforts are successful.

Organization Overview



The department is comprised of five divisions—Community Health, Environmental Health, Fiscal/Administration, Nutrition, and Western Regional Center for Children and Youth with Special Health Care Needs.

Strategic Planning Process

Chippewa County Department of Public Health utilized the National Association of City and County Health Officials (NACCHO) Strategic Planning Process for Local Health Departments as a guide during the 2020-23 strategic planning process and plan development. Due to the unprecedented COVID-19 pandemic, most strategic planning efforts halted as resources (e.g., staff time) were reallocated to response efforts. The department opted for a facelift of the previous plan.

The process outlined below included staff, community partners, and Health and Human Services Board member input. The department consulted with the Wisconsin Department of Health Services Division of Public Health- Office of Policy and Practice Alignment (OPPA) staff for support in the strategic plan.



Organize

In the Spring of 2022, the department kicked off the 2023-26 strategic planning process by identifying key staff and external partners to be part of the strategic plan core team. The community health planning and promotion specialist serves as the lead of strategic planning efforts. Additional internal key staff includes the health officer/director, community health division manager, and epidemiologist. External partners invited to participate included the Health and Human Services Board chair and Wisconsin Department of Health Services Division of Public Health- Office of Policy and Practice Alignment (OPPA) staff, who both agreed.

All staff, except for limited-term employees, are members of at least one strategic priority area team. Since the department opted for a facelift, a majority of staff that the department employed during the 2020-23 strategic planning process remained on the same strategic priority area team(s). At hire, the health officer/director meets with each new staff during orientation. Based on this meeting, staff are assigned to a team or teams that match well with their experience, education, and interests.

Assess

The department conducted a community survey from May 5-20, 2022. The survey, which also included questions for the second COVID-19 after-action report, was disseminated to Chippewa County community members, the COVID-19 incident command system, and department staff via text message, email, and social media.

The strategic plan planning portion of the community survey informed about the strengths and weaknesses of the Chippewa County Department of Public Health. Participants were asked to provide details of each strength and weakness and rate on a scale of importance—low, moderate, and high importance.

Ninety-nine people participated in the survey. Qualitative analysis (i.e., theme deduction) was performed on answers to open-ended questions to identify the most predominant themes.

Strengths

58% of respondents indicated **communication** was a strength of the department.

14% thought **services** were a strength.

Compassionate and caring and **professionalism** both were reported by **11% of respondents**.

Additional strengths reported include **knowledgeable** and **collaboration**.

Weaknesses

Public health guidance and **communication quality** were both reported as a weakness by **20% of respondents**.

16% felt a weakness of the department was they were **under-equipped**.

12% of respondents reported **interference with personal liberties** was a weakness.

Additional weaknesses reported include **promptness** and **unelected officials making decisions**.

Demographics (i.e., age, race, ethnicity, sex, total household income) were standardized using the 2016-2020 American Community Survey (ACS) 5-year estimates to adjust the results to make them representative of the county demographics. Responses (strengths and weaknesses) were stratified by rating level and participant type and adjusted by demographics. See Appendix A for full results.

The findings from the survey were presented to the core team on June 7, 2022. Results of the community survey, along with the SWOT (strengths, weaknesses, opportunities, and threats) analysis from the 2020-23 strategic planning process, the community health assessment, and the community health improvement plan, were used to inform the decision to keep the same four strategic priorities from the previous strategic plan.

The four strategic plan priority areas are:



Communication



Health Equity



PM/QI



Workforce and Engagement

Plan

In the Summer of 2022, the department moved into the planning phase. First, the department epidemiologist developed a webinar that explained the community survey design, analysis, and findings for the strategic plan priority area team leads. Additionally, the core team members presented an overview of the strategic planning process and the findings to all department staff on June 15, 2022.

Teams then updated the 2023-26 work plan using many different data sources, tools, and frameworks, including:

2022 Strategic Plan Community Survey (Appendix A)

2019 SWOT Analysis (Appendix B)

2021 Chippewa County Community Health Assessment (CHA)

2019-2021 Chippewa County Community Health Improvement Plan (CHIP)

10 Essential Public Health Services

Foundational Public Health Capabilities

Public Health Accreditation Board (PHAB) Standards and Measures - Version 2022

As teams worked on updating their goals, objectives, and activities, several staff members reported to core team members that they or their team were struggling with understanding the strategic planning process and their role in it. The core team discussed this and recognized that many staff members were hired after the 2020-23 strategic planning process. Typical orientation and hiring practices also did not happen due to the county being in a public health emergency due to the COVID-19 pandemic. The core team decided to take a step back. They developed a presentation that included what strategic planning is, why it is important, what is chain of command, and what are roles and expectations. It was presented to staff at an all-staff meeting in September. Additional resources were shared and created to educate on other public health topics and frameworks.

Throughout the planning process, teams shared their drafted action plans with the core team and during the strategic planning team leads meetings. In October, a first draft of the strategic plan was ready for review.

Review

The core team reviewed the strategic plan from November-December 2022. The final draft was presented to the Chippewa County Health and Human Services Board for approval on January 19, 2022.

Implement

The Health and Human Services Board approved the 2023-26 Strategic Plan on January 19, 2022. The department integrated the final plan into VMSG Dashboard, the department's performance management system.

Goals and Objectives



Communication

Goal 1: Provide information on public health issues and public health functions through multiple methods to a variety of audiences while cultivating a positive relationship between the department and the community

Objective 1.1: Develop a procedure for non-emergency communications by December 31, 2023

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Objective 5.2: Make sure annual refresher trainings are being offered to managers, project leads, and staff when appropriate

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Goal 6: Improve workplace culture and public health skills by December 31, 2025

Objective 6.1: Review the Workforce Development Plan annually, and update it as needed

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Objective 6.3: Develop a strategy to create connections with all staff in a telecommuting environment by December 31, 2025

Objective 6.4: Increase staff knowledge and skills of the of the public health core competencies through professional development (e.g., trainings, conferences)

Linkage with Other Plans

The strategic plan is not intended to be a stand-alone document; rather, it should be aligned with other important assessment, planning, and evaluation work including the community health improvement plan (CHIP) and quality improvement/performance management (PM/QI) plan. During the strategic planning process, department staff and the core team considered how the plan would fit within other department and community-driven plans. While the strategic plan is unique in addressing organizational emerging issues and new initiatives, the strategic plan priorities have a synergistic relationship with the other plans.

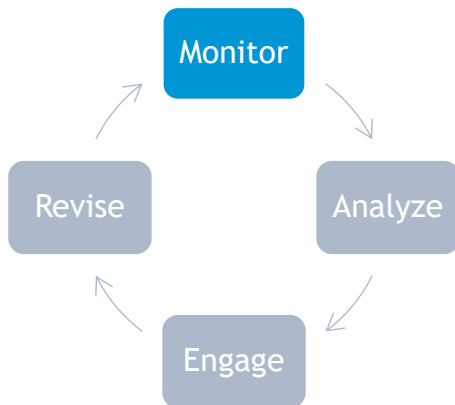
There is direct alignment with the 2019-2021 CHIP, which has a goal of working towards health equity in Chippewa County. One activity in the strategic plan is to participate actively with Chippewa Health Improvement Partnership Health Equity Advocacy Team to promote health equity throughout the County of Chippewa.

Another place of alignment is with the department PM/QI plan. The plan is reviewed and managed by the strategic plan team focusing on PM/QI. The PM/QI plan focuses on the continuous improvement of all areas of the health department including the strategic plan teams. Tracking for the strategic plan is done in our performance management system VMSG for continuous monitoring of goals and areas of improvement.

Finally, teams developed their objectives and activities to align with the Public Health Accreditation Board (PHAB) standards and measures that relate with the priority area. For example, PM/QI objectives and activities were development mostly from PHAB Domain 9.

Putting the Plan in Action

The strategic plan is a living document that will be routinely reviewed, monitored, and updated based on progress, changing needs, and priorities. Performance management will be used to monitor and revise the strategic plan throughout the three-year assessment and planning cycle using the following cycle.



Monitor Work Plan Progress

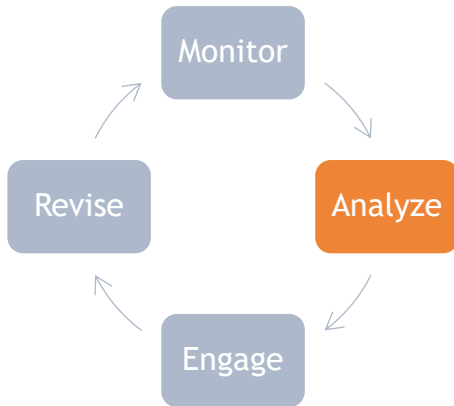
Staff and partners in four teams—Communication, Health Equity, PM/QI, and Workforce and Engagement—will implement the work plan. There are three roles on each team:

1. Lead
2. Upper Leadership Team Member
3. Team Member

Two **leads** are assigned to each priority team. Teams leads are not selected from upper leadership roles as a strategy to develop leadership and systems thinking skills in all levels of staff. The leads are responsible for facilitating team meetings and ensuring team members complete action steps on time. If the team hits a roadblock or is stuck on an activity, the leads communicate that to the upper leadership team member. Additionally, leads from the four priority area teams attend a monthly leads meeting to share accomplishments and barriers. The meeting is an opportunity to identify ways to collaborate across priority area teams and not duplicate efforts.

The **upper leadership team member** communicates department or county-wide updates to the team. For example, if a policy is in the works for the county impacting the team, the upper leadership team member would keep the team updated as the policy is developed and implemented. Additionally, suppose the team needs approval or funding for a project or encounters a roadblock. In that case, the upper leadership team member could bring that to the leadership weekly meeting or the director to troubleshoot or discuss.

Team members are responsible for attending priority area team meetings and assisting with the action plan. All staff is assigned to at least one priority team.

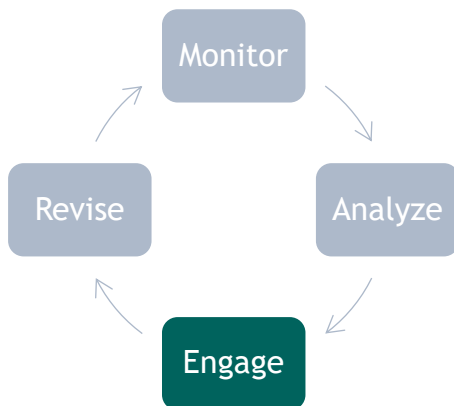


Collect, Analyze, and Report Performance Data

All goals and objectives are entered into the VMSG dashboard, a cloud-based performance management system designed specifically to assist public health departments in the development, implementation, and performance management of the strategic and operational planning process from end to end. Teams will assign leads in the system for each objective and activity who will be responsible for collecting and updating data and measures. Teams are encouraged to update goals, objectives, and activities at each priority team meeting. However, at a minimum, they are required to be updated quarterly.

Quarterly Period	Activity Entry Deadline	Report Deadline
Q1 (Jan 1-Mar 31)	Apr 5	Apr 10
Q2 (Apr 1-Jun 30)	Jul 5	Jul 10
Q3 (Jul 1-Sep 30)	Oct 5	Oct 10
Q4 (Oct 1-Dec 31)	Jan 5	Jan 10

The core team lead analyzes and develops reports to inform stakeholders of progress, as outlined in the next section.



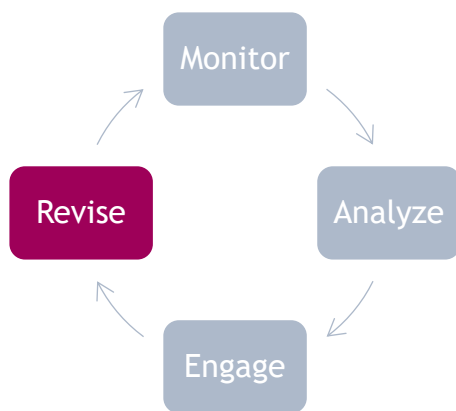
Engage and Communicate with Stakeholders

It is essential to be transparent and keep stakeholders informed on the progress of the strategic plan. The department will use various methods to engage and communicate with stakeholders including:

-  Presentations
-  Reports
-  Emails
-  Meetings

The table below outlines the frequency and type of communication by stakeholder.

	Q1	Q2	Q3	Q4
Health and Human Services Board				
Community Partners				
Department Leadership				
Strategic Plan Core Team				
Strategic Plan Team Leads				
All Department Staff				



Revise and Update the Strategic Plan

Based on the steps above, the strategic plan may need to be updated and revised to better meet the department's capacity, resources, and local context. The department has a procedure for plans that outlines the process for revisions to the plan. The following process is in alignment with the existing procedure.

1. Strategic plan priority area team receives approval from the team's upper leadership member to review and revise the plan.
2. Strategic plan priority area team saves a copy of the plan.
3. Strategic plan priority area team tracks changes when editing the plan.
4. Once all revisions are completed, the strategic priority area team leads send an email to the core team for review.
5. After review, the core team lead documents any edits in the plan's revision record (see Appendix C).
6. Once finalized, Health Officer/Director takes the plan to Health and Human Services Board for review and approval annually.
7. If approved, Health Officer/Director moves the former plan and renames it to include the archive date.
8. Health Officer/Director saves the updated plan.
9. The core team lead communicates updates to plan at the next department all-staff meeting.

Appendix A: 2022 Community Survey Results

Label	Chippewa County, Wisconsin		Our Sample	
	Estimate	Percent	Estimate	Percent
Total	64,175		99	
Sex				
Male	33,274	51.8%	25	25.3%
Female	30,901	48.2%	71	71.7%
Age				
15 to 19 years	3,582	5.6%	1	1.0%
20 to 24 years	3,242	5.1%	1	1.0%
25 to 34 years	7,792	12.1%	4	4.0%
35 to 44 years	8,265	12.9%	19	19.2%
45 to 54 years	8,513	13.3%	12	12.1%
55 to 59 years	4,438	6.9%	16	16.2%
60 to 64 years	5,107	8.0%	12	12.1%
65 to 74 years	6,749	10.5%	28	28.3%
75 to 84 years	3,007	4.7%	6	6.1%
85 years and over	1,660	2.6%	0	0.0%
Median age (years)	41.3		58.5	
Race				
White	60,665	94.5%	95	96.0%
Black or African American	986	1.5%	4	4.0%
American Indian and Alaska Native	204	0.3%	4	4.0%
Asian	893	1.4%	1	1.0%
Native Hawaiian and Other Pacific Islander	2	0.0%	1	1.0%
Hispanic or Latino (of any race)				
Hispanic or Latino (of any race)	1,185	1.8%	4	4.1%
Not Hispanic or Not Latino	62,990	98.2%	94	95.9%
Total households				
Less than \$10,000	983	3.8%	5	5.1%
\$10,000 to \$14,999	1,127	4.3%	2	2.0%
\$15,000 to \$24,999	2,432	9.3%	3	3.0%
\$25,000 to \$34,999	2,256	8.7%	6	6.1%
\$35,000 to \$49,999	3,762	14.4%	13	13.1%
\$50,000 to \$74,999	4,996	19.2%	13	13.1%
\$75,000 to \$99,999	3,658	14.0%	21	21.2%
\$100,000 to \$149,999	4,652	17.9%	23	23.2%
\$150,000 to \$199,999	1,066	4.1%	5	5.1%
\$200,000 or more	1,112	4.3%	7	7.1%

Qualitative analysis (i.e., theme deduction) was performed on responses of open-ended questions to identify the most predominant themes. Demographics (i.e., age, race, ethnicity, sex, total household income) were standardized using the 2016-2020 American Community Survey (ACS) 5-year estimates to address recruitment bias and allow adjustment for representativeness. Responses (strengths and weaknesses) were stratified by rating level, participant type (community member, public health staff, County Board, ICS member) and adjusted by demographics.

Strengths

	Unadjusted	Age-adjusted	Income-adjusted	Sex-adjusted	Race-adjusted
Communication	58%	62%	55%	57%	59%
Services	14%	13%	20%	13%	14%
Professionalism	11%	11%	10%	11%	11%
Compassionate/Caring	11%	7%	11%	13%	10%
Knowledgeable	4%	5%	3%	3%	4%
Collaboration	1%	2%	1%	3%	1%

Communication

- Angela and her dept did a good job communicating the status of covid in our county
- Tons of useful information!
- If something serious were to happen, you are able to get that out to the public.
- Called several times for guidelines and they were very attentive
- Regular updates on Covid cases, mitigation in news. Timely information and resources on website.

Services

- The set up and efficiency behind getting the COVID vaccine and boosters was above and beyond what was expected.
- I was able to get my family over 5 vaccinated with ease & convenience, including flu vaccines
- Willing to provide covid clinics in out laying towns (e.g., Cadott). Helping people with limited travel assistance to get to a clinic.
- The public knowledge and supports through the WIC [Women, Infant, Children] office is great.

Compassion and Caring

- I believe they truly care for the residents of Chippewa County
- The things our Public Health employees have endured through the pandemic are insane. I have so much respect for the staff and leadership of the Public Health department in Chippewa County! It was almost unbearable to see the unjustified personal attacks and negative comments coming from people in our community. The emotional toll of the deaths and hospitalizations in our community were very noticeable on the faces of our PH employees because they cared.
- My family needed a wheelchair due to an injury and I was so happy to be able to get one on loan. It helped us out so much.
- My daughter needed help with milk etc for the little ones and ccd helped
- Our family had COVID prior to vaccines being made and CC [Chippewa County] nurses were awesome calling to check on us. They were so kind and caring staff are caring and compassionate, and knowledgeable

Professionalism

- One can tell a professional by their confidence, knowledge, and skill.
- In spite of a subset of the population conditioned by unethical politicians to mistreat health practitioners, you continued to work in the public interest.
- Not playing into politics and sticking to facts; speaking up for those whose voice may be lost in the crowd; being truthful and honest in sharing information with the public

Weaknesses

	Unadjusted	Age-adjusted	Income-adjusted	Sex-adjusted	Race-adjusted
Public Health Guidance	20%	18%	22%	15%	20%
Communication Quality	20%	18%	24%	17%	20%
Under-equipped	16%	9%	15%	15%	16%
Interference w/ Personal Liberties	12%	10%	8%	13%	11%
Promptness	8%	24%	8%	10%	8%
Political Interference	6%	5%	4%	6%	6%
Unelected Officials Making Decisions	4%	2%	5%	2%	4%
Other	8%	4%	7%	15%	8%
None	8%	9%	6%	7%	8%

Public Health Guidance

- Following orders vs thinking of ways NOT to endanger the citizens. Vaccines are risky & have caused harm the media won't allow.
- When family tested positive, we were expecting outreach with information and guidance, but never heard from anyone.
- Sadly, I don't think the health department has authority or respect from several people in the community at large. Your recommendations for masking or other Covid mandates were not taken seriously by all.
- Would be nice to see some research done on things before posting on fb or making suggestions. Some people can't get shots or wear masks with tons of scientific studies that prove it. The CDC provides basic info but there's more to their recommendations. Have they read line 13.1 on any vaccine insert?

Communication Quality

- finding ways to get information in the hands of all individuals within the community. The elders, non-English speaking, those without internet or social media.
- When covid hit and continues to be an issue, the health department played games with people and our children's lives and didn't know the truth facts but continue to enforce bad policies.

- Made people afraid instead of reassuring them that this was a virus and not to be feared, respected and cautious but not afraid.
- Need occasional TV updates on covid so public realize that there is still potential danger of being infected
- As explained in my previous answer, the communication which started strong seemed to be abandoned.
- I understand the limitations of sharing information with public due to privacy and business reputation concerns. But would like more specific sources of spread. Church? Bars? Out of state transmission, etc.

Promptness

- It took 8 days for us to be notified that my daughter needed to stay at home for being exposed to COVID
- When exposure was high the call backs were delayed
- When calling/leaving a message, there's a really slow response time.
- Daycare told me my daughter could not come due to an exposure. They said CCPH was supposed to have contacted me. So, I called CCPH asking for the exposure date. They said their notes indicated they called and left a message. However, I never received a missed call or a message.

Appendix B: 2019 SWOT Analysis

The 2019 strategic planning process included staff, community partner, and Health and Human Services Board member input. The department consulted with Wisconsin Department of Health Services Division of Public Health- Office of Policy and Practice Alignment (OPPA) staff to collect and analyze data and support the department in the development of work plans and the strategic plan.

In order to develop a clearer picture of strengths, gaps, and barriers, the consultants from OPPA led the staff through a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis. A SWOT analysis looks at both the internal strengths and weaknesses, alongside external factors that might influence work in the future (opportunities and threats). Staff were given the opportunity to perform the SWOT analysis electronically or in person, in order to best meet needs. To draw themes from the SWOT analysis, the OPPA consultants compiled all CCDPH staff SWOT results into one document and community partner survey results into another. The compilations were scanned for recurring words and statements, and then cross-referenced using a word cloud tool. The themes from both documents were then reviewed by another OPPA consultant for consistency and highlighted within the documents. The final step was to cross examine the themes from both the staff and community partner analyses and highlight the themes that appeared in both. Themes from the staff SWOT analysis are in table 1 below.

Table 1.

Themes from Staff SWOT Analysis

**Items in bold were mentioned multiple times*

Strengths	Weaknesses
• Innovative: Level 3 Health Department; Services that cover the life span; Health equity focus • Leaders in the community • Leadership within CCPHD: New managers; Leader with mental health background • Partnership: CHA/CHIP; Collaborations • Staff ○ Community Engagement: Involved; Charitable; willing to do outreach ○ Customer Service: Friendly; Professional; Prompt ○ Experience/Knowledge: Diversity of experience; Expertise; Educated staff ○ Passionate: Client-focused; Responsible ○ Resourceful/Adaptable: Evidence-based practice and research; Troubleshooting; Moving targets; Resourceful when seeking funding; Solutions focused; Open to new ideas ○ Flexible with their personal and work schedules	• Accountability and follow-through • Communication with department of Admin/State • External Communication • Inconsistent leadership/management policies: Flexibility for personal schedules; Flexibility not reciprocal; job responsibilities and assignments • Internal Communication: Staff availability; Who to contact/when; Continuity of operations; Top-down; Multiple calendars; Trust, gossip, and assumptions; Clear, concise, and timely communication • Leadership: Continuity; Presence of Director in office • Moving Targets • Orientation and Staff Education: Inconsistent; Time to meet staff and learn roles; On the job training; Learning styles; follow up on surveys and learning • Personnel; Matching strengths to programs; Change

Strengths	Weaknesses
○ Teamwork: Supportive of each other both personally and professionally; Approachable; Employee recognition; Colors training	• Policies and Procedures: Details; Draft status; Rigid • Technical/Computer Skills • Time: Burn out; Too much documentation; Complicated time coding; Not enough staff; Rural outreach; Unable to take time off • Work Space
Opportunities	Threats
• Accreditation • Chronic disease prevention • Communication with dentists • Community: Invested in CCPHD; Awareness of CCPHD; Marketing • Employees: Skills; Internships; Fellowships • Expansion: Small community; Public transportation; Opportunities to expand programming • Funding: Grants and Medicaid expansion • Health Equity: Health in All Policies • Jail programming • New partnerships and opportunities: local businesses; Rural communities • Partnerships/Relationships: ADRC; CHA/CHIP; Regional/state staff availability • Restructuring of job tasks • Technology and Innovation: QI; VMSG; Training; Improving/expanding technology	• Changing health care systems: Buy-outs, and mergers • Community perceptions: Knowledge/support of PH; HHS Board understanding of CCPHD; Partner buy-in; Prevention is a tough sell; Gov't as authority or helpful; Willing to accept assistance; Communication barriers • Funding: Lack of funding; Timing of award; Competition for grants; Regionalization of services • Less home care communication • Local dynamics: Poverty; Transportation; Technology; Rural outreach; Schools are different • Politics: Changing administrations; Legislation that affects residents; Mixed messaging • Staff retention: Competition with larger HDs • Time • Unwillingness to share knowledge • Working leaders • Working with the State: State doesn't understand rural/local needs and structures; Timely notification and guidance; Reporting requirements; Health literacy/complex wording of state forms

The OPPA consultants also developed a community partner survey, which the Core Team distributed electronically to a list of over 300 community partners (approximate 10% response rate) and the Chippewa County Health and Human Services Board. Community partners were asked specifically about strengths and challenges of CCDPH. Themes from the community partner survey are found in table 2.

Table 2.
Themes from the Community Partners Survey
**Items in bold were also themes in the staff SWOT analysis*

Strengths	Challenges
• Collaboration and partnership: teamwork; willing to share knowledge and expertise; communication; work with schools • Community Involvement: visible; trusted • Desire to improve; creative; open to change • Employees: Committed; competent; caring; customer service; dedicated; enthusiastic; knowledgeable; prompt response; skilled • Leadership: at director level; supportive board	• Access to services outside of Chippewa Falls: rural communities • Communication: visibility and knowledge of Public Health Services; reaching a broad audience • Funding: decreased resources with increased needs; CHIP does not include strong fiscal plan to achieve goals; reinvestment of services • Politics

Strengths	Challenges
- Stability of staffing; low turnover Willing to address community needs: able to reach all age groups; able to identify needs; concerned about residents; effort to address needs; emphasis on prevention; flexibility; passion	Local dynamics: pressures on residents including economic, employment, food insecurity, family stability; large geographic area; mental health, substance use; unhealthy weight; vulnerable populations Staffing: burn out; doing more with less staff; retention; retirements and resignations - Systems thinking; Working with other agencies - Time

Chippewa County Department of Public Health Staff Full SWOT Analysis Results

	<i>Helpful</i>	<i>Harmful</i>
Internal	Strengths	Weaknesses
	- Adaptable to moving targets - All levels of staff are involved in our work. It's not just managers or Angie telling us to do things; they are also involved. - Approachable; use each other as resources - Change in leadership team- new managers - Charitable - Chippewa health improvement partnership - Client-focused; passion for helping - Collaborations/community partners - Colors training - Community partners - Customer Service - Dedicated staff - Diversity of experience - Employee recognition - Engaged with the community; charitable - Expertise - External communication - Friendly reception and intake - Great partnership for the CHA and CHIP with community partners - Having a leadership team in place - Health equity work - Helpful Policies and Procedures - High achievers (staff) - High expectations - High rate of helping children with special health care needs - Innovative Programming - Leader with mental health background - Level 3 health department - Open to new ideas and changes to programs (for example all the health equity work) - Opportunities for professional development	- Accountability - Assumptions - Basic life skills - Change in leadership - Clear, Concise, and timely internal communication - Communication - Communication across divisions - Communication from top down both internally and with Dept. of Administration - Complex procedures - Computer skills - Continuity - Continuity of operations during staff absences - Details in procedures and training - Divisions are very different - Documentation requirements take away from time to do job - Efficiency/time management - Extensive learning curve for new staff - Flexibility for personal schedules; inconsistent across divisions and with different managers; flexibility not reciprocal - Follow through - Follow through on surveys and team learning - Getting to know staff and roles during orientation - Gossiping - Hard to know what is happening with other divisions - Having a closed mind to ideas - Inefficiency due to lack of knowledge of what others are doing (communication) - Keeping calendars, email, and voicemail up to date

	<i>Helpful</i>	<i>Harmful</i>
Internal	Strengths (cont.)	Weaknesses (cont.)
	• Passion • Passionate staff • Personable and welcoming • Professionalism • Prompt response to referrals and phone calls • Provide services that cover the life span • Resourceful with funding • Responsible staff make sure clients do not fall through the cracks • Seek out funding • Serving more men • Solution focused • Staff educated and involved • Staff is flexible with work schedules • Supportive of each other, both personally and professionally • Team building exercises • Teamwork • Teamwork and morale is good—people laughing and having fun regularly • Troubleshooting skills • Use of evidence-based practice and research • Willingness to volunteer and do outreach • Work well with partners • Working leaders • Years of experience	• Lack of tech skills • Matching programs to strengths or passion; conversations with staff about assignments • Moving Targets • Multiple calendars • No enough staff to handle the work load resulting in long travel times, working over hours, having to take on other positions to meet needs of clients, actually having to turn down referrals because we don't have enough staff. • Not able to take time off because of low staff. Adds to stress and burnout • On the job training • Orientation process standardization, follow up, and consistency • P&Ps in draft status • Presence of Director in the office • Redundancy in documentation • Rigid processes; Gray areas not reflected in Policies and Procedures • Rural outreach • Seem to be at capacity for all of our divisions and programs—there is no time, energy, or funding available for people to take on other projects • Space – our loan closet is a very busy much needed service but lacks good working storage space for dirty, cleaned and reserved equipment. • Staff in or out • Step by step procedures • Taking on more without eliminating something; burn out • Teaching to different learning styles • Time for orientation and review • Time to code timesheets • Time to do job • Timesheets are complicated • Trust issues both internally and externally • Understanding job responsibilities and availability • Who to contact and when • Workflow – our WIC clinic is struggling to find a good way to serve clients timely using the main reception area instead of their own reception area. WIC doesn't have enough staff to have their own reception area open.

External	Opportunities	Threats
	• Accreditation • Availability of Regional/state staff • Awareness of Chippewa County Public Health • Businesses • Chronic disease prevention • Collaboration with partners; schools and healthcare systems • Community invested and involved in public health work • Create list for dentist about fluoride • Grant writing • Grants • Health equity • Health in All Policy • Improve tech skills • Jail programming • Marketing of HHC • Medicaid expansion possibility still • Men served • Mid-west/small community (expansion) • Need of public transportation • New employees • Partnership with ADRC • QI projects • Relationships and social network connections builds community trust • Restructure job tasks • Rural communities • Share knowledge • Technology improving • Think there is still a high need for our services in rural areas that we are missing • Train staff to work with a victim mentality • Using employee's skills • Utilization of interns and fellows • VMSG • Work with other departments to assure we are not duplicating services	• Being close to Eau Claire HD—they are larger and very well recognized, so they get more funding, have more opportunities, can pay staff better. • Changes in legislation that affects population served • Changing and competing healthcare systems • Clinic buy-outs and mergers • Communication barriers with the public • Community perception of government • Funding • Health and human services board and DOA not knowing what Public Health does or is about • Lack of finances/budget cuts • Lack of funding • Lack of funding for chronic disease prevention work • Lack of public support • Lack of staff • Language of external forms sounds intimidating; too complex or threatening • Less home care communication • Limited technology and access in rural areas • Mixed messaging • No transportation across the county • Notification/guidance from state • Other departments wanting to work with us • Partner buy-in • Pay for Performance going away • Perception of department as authority versus helpful • Physical location of health department; not centralized • Politics; changing administrations and rules • Poverty • Prevention is a hard sell • Prevention is hard to fund • Regionalization of services • Regulations • Reporting requirements • Rural outreach • Schools are very different • Split funding with Eau Claire • Staff retention • State supported software and data systems changes • The State doesn't understand rural populations, local needs, and local structures for reporting requirements • Time • Timing of funding awards • Unwillingness to share knowledge with others • Willingness of community to accept help or follow up • Working leaders

Appendix C: Revision Tracking

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CHIPPEWA COUNTY
Public Health
Prevent. Promote. Protect.

Chippewa County Department of Public Health
711 N Bridge Street
Chippewa Falls, WI 54729

<https://www.co.chippewa.wi.us/ccdph>





STATEMENT OF EXPLANATION
PUBLIC HEALTH POLICY - APH - GOVERNING OVERVIEW REVISION

6.2

Health Officer/Public Health Director Angie Weideman is requesting Board approval for the updates to the APH - Governing Overview policy.

APH-Governing Overview

SCOPE

All Public Health

PURPOSE

The purpose of this policy is to define administrative oversight and responsibilities for the Department of Public Health.

DEFINITIONS & EXPLANATIONS OF TERMS

Term: N/A

POLICY

The Department of Public Health functions pursuant to Chapter 251 of the Wisconsin Statutes and under the direction of the Health and Human Services Board.

Administrative oversight and responsibilities for the Department of Public Health are defined below.

- I. The County Administrator/County Board assumes the powers and duties as defined in Chapter 251 of the Wisconsin Statutes including but not limited to:
 1. Assuring enforcement of public health statutes and public health rules.
 2. Assuring that the health department meets the standards for at least a level I health department.
 3. Adopting appropriate regulations for guidance and governance of the local health department that is considered necessary to protect and improve public health. The regulations may be no less stringent than, and may not conflict with, state statutes and rules of the state health department.
- II. The County Administrator has responsibilities including but not limited to:
 1. Appointing the Health and Human Services Board members.
 2. Appointing a qualified County Health Officer/Public Health Director as administrator of the department according to Wis. Stats. § 251.06 and HFS Chapter 139 of the Wisconsin Administrative Code.
 3. Providing for a qualified substitute administrator to act in absence of the administrator.
- III. The Health and Human Services Board is a policy-making body determining the broad outlines and principles governing the administration of the county health department. Responsibilities include but are not limited to:
 1. Approving the appointment of members to the Professional Advisory Committee.
 2. Reviewing and adopting department policies.
 3. Determining service priorities.
 4. Reviewing the Department's operating budget.
 5. Acting as liaison between the Department, the County Board of Supervisors, and the community.
 6. Meeting regularly and/or as needed with the Department Director.

POLICY

IV. The Department Director's duties are described in the job description and include but are not limited to:

1. Fulfill the responsibilities of the Local Health Officer as defined in Chapter 251 of the Wisconsin Statutes.
2. Prepare, recommend, and monitor the annual departmental operating budget.
3. Plan and administer Department activities for all public health programs, including the home health program, for compliance with professional standards, and local, state, and federal laws.
4. Develop, and implement or direct implementation of administrative and program policies and procedures in consultation with the Board of Health and Human Services.
5. Maintain communication regarding Department programs and activities with Board of Health and Human Services members, County Supervisors, the general public, and news media representatives.
6. Practice and support visionary leadership by working with the County Administrator, Board of Health and Human Services, staff, and other stakeholders to develop and articulate a vision for public health and the organization.

V. Organizationally, the Department of Public Health is divided into six-five main program areas with a program manager (or the Director functioning as the program manager) for each: Administration, Community Health, Nutrition, Environmental Health, and the Western Regional Center for Children and Youth with Special Health Care Needs, and Home Health Care.

EVALUATION

Annual survey for the members of the Health and Human Services Board to determine status of various factors.

REFERENCES/LEGAL AUTHORITY

- Chippewa County Ordinance: Chapter 2-Administration
- WI Administrative Code: HSS 133.05(1), HSS 139
- WI State Statute: DHS 251-Local Health Officials
- Medicare Condition: 484.14-Organization, Services, and Administration
- Information for Local Boards of Health

RELATED PROCEDURES

- N/A

DOCUMENT PROPERTIES

Prepared by:
 Authorized by: Angela Weideman, Health Officer/Director
 Board Approval Date: 6/20/2019
 Reviewed: 4/28/15, 02/06/17, 12/27/18, 06/20/19

POLICY

DOCUMENT HISTORY

Board Approval Date	Revision Description	Revised By	Authorized By
5/21/15, 6/20/19			Angela Weideman, Health Officer/Director
	Updated to remove the Home Health Care Division	Audra Knowlton	



STATEMENT OF EXPLANATION
PUBLIC HEALTH 2023 PROGRAM PRIORITIZATION RANKING - ANGIE
WEIDEMAN

6.3

The 2023 priority ranking of Public Health programs/services by the Board members will be presented for review and approval.

RANK SERVICES 1-3 BELOW

MANDATED SERVICES

					Funding Sources		
Board Rank 2023	Leadership Team Rank 2023	Board Rank 2022	Program	Description	Tax Levy	Revenue, Grants or Contracts	2023 Budget Request
1	1	1	Public Health Nursing (i.e.-Communicable Disease Follow-up/Intake)	Prevention and control of communicable disease, foodborne outbreaks, tuberculosis, and rabies through surveillance, investigation and education.	\$673,025	\$9,950	\$682,975
2	2	2	Environmental Health (i.e.-Human Health Hazards)	Investigation and enforcement of Chippewa County Ordinance relating to human health hazards from vermin infestations, accumulations of trash or rubbish, pollution of surface water, unfit housing, and more.	\$65,220	\$4,900	\$70,120
3	3	3	Health Clinics	Includes costs associated with clinics (i.e.-TB skin testing, flu clinics).	\$0	\$28,000	\$28,000

RANK SERVICES 1-28 BELOW

ESSENTIAL PREVENTION SERVICES

					Funding Sources		
Board Rank 2023	Leadership Team Rank 2023	Board Rank 2022	Program	Description	Tax Levy	Revenue, Grants or Contracts	2023 Budget Request
1	1	1	Environmental Health - Facility Licensing	Department of Agriculture, Trade, and Consumer Protection agents to inspect facilities (i.e.-restaurants, lodging, retail) and enforce food code.	\$0	\$266,807	\$266,807
2	2	2	WIC (Women Infant Children)	Provides supplemental food, nutrition education, and nutrition counseling to high-risk populations.	\$50,000	\$278,831	\$328,831
3	3	3	Western Regional Center	Provides information and referral resources to families with children birth to 21 with a long-term health concern. Systems work to develop parent leaders, ensure smooth transition for teens.	\$0	\$200,000	\$200,000
4	4	4	Nurse Family Partnership (NFP)	Evidence-based program pairing Public Health Nurse with first-time, low-income moms from prenatal through second birthday. NFP empowers first-time moms to transform their lives and create better futures for themselves and their babies. Through the structured home-visit schedule the nurse and mom build a trusting relationship that the mom can rely on for advice and guidance. NFP helps prevent Adverse Childhood Experiences (ACEs) and helps with parent-to-child attachment.	\$14,330	\$98,000	\$112,330

ESSENTIAL PREVENTION SERVICES

Board Rank 2023	Leadership Team Rank 2023	Board Rank 2022	Program	Description	Funding Sources		
					Tax Levy	Revenue, Grants or Contracts	2023 Budget Request
5	5	5	Public Health Emergency Preparedness (PH Emergency Plan)	Includes awareness and understanding of potential public health emergencies, collaboration with other agencies, and determination of personnel needs in emergencies.	\$0	\$47,217	\$47,217
6	6	6	Reproductive Health/Dual Protection	Reproductive health program providing testing/treatment of sexually-transmitted diseases, birth control options, and prevention of communicable disease. Expanding to have annual visits by nurse practitioner.	\$4,000	\$52,623	\$56,623
7	7	7	Drug Free Communities	Focuses on substance abuse prevention in our youth through education and programming. Systems changes through policy and ordinance changes.	\$0	\$125,000	\$125,000
8	8	8	DHS Contract (in Regional Center)	Conducting intake for Birth to Three program and Children's Long Term Support Waivers. Meets with families who have children transitioning to adult services to help transition plan. Intake for children's Comprehensive Community Services (CCS) for Human Services.	\$0	\$99,000	\$99,000
9	9		Environmental Health - Transient Non-Community Public Drinking Water (New Program)	Site inspections, also known as sanitary surveys, are conducted to identify whether a water system's components and facility's system of operation complies with state administrative codes and requirements. A Transient Non-Community Water System is one that serves at least 25 people at least 60 days of the year, including churches, seasonal campgrounds, gas stations, restaurants, public restrooms, taverns and motels.	\$0	\$44,000	\$44,000
10	10	13	Maternal & Child Health (MCH) - Adolescent Suicide	Focus of program is working with the schools and community to provide training on suicide awareness and having crisis plan in place that has a Postvention lens.	\$0	\$26,485	\$26,485
11	11	9	Prenatal Care Coordination (Medicaid Program)	Case management and education to pregnant women (prenatal to 60 days after birth), to assure healthy birth.	\$0	\$60,000	\$60,000
12	12	10	Immunization - Consolidated Contract & Public Health	Prevention of disease through provision of immunizations and education.	\$0	\$16,268	\$16,268

Attachment: HHSB Program Ranking 2023 (7540 : Public Health 2023 Program Prioritization Ranking -

ESSENTIAL PREVENTION SERVICES

Board Rank 2023	Leadership Team Rank 2023	Board Rank 2022	Program	Description	Funding Sources		
					Tax Levy	Revenue, Grants or Contracts	2023 Budget Request
13	14	15	Preventure	Evidence based program aimed at preventing the start of use of substances including alcohol, tobacco, and other drugs. Funded with Human Services AODA prevention money. Nurses and school staff will be trained to deliver the program.	\$0	\$19,268	\$19,268
14	13	11	Healthy U	Program to do Mindfulness training in schools.	\$0	\$14,600	\$14,600
15	15	12	Forward Health Outreach	Wisconsin ForwardHealth Program assists participants with applications/renewals including WI Medicaid, BadgerCare Plus, Family Planning Waiver, Wisconsin Shares Child Care Subsidy and FoodShare.	\$0	\$20,000	\$20,000
16	16	17	Overdose Fatality Review	Focuses on the complex and changing nature of the drug overdose epidemic and highlights the need for an interdisciplinary, comprehensive and cohesive public health approach.	\$0	\$35,000	\$35,000
17	17	14	Breastfeeding Peer Counseling	Provides peer support to breastfeeding moms on the WIC program to increase breastfeeding initiation & duration.	\$0	\$17,780	\$17,780
18	19	16	Diabetes	Supports the design, testing and evaluation of novel approaches to address evidence-based strategies aimed at reducing risks, complications and barriers to prevention and control of diabetes and CVD in high-burden populations.	\$0	\$15,000	\$15,000
19	18	18	Fit Families	Behavior change program (healthy eating and physical activity) that provides health coaching for families with children.	\$0	\$36,053	\$36,053
20	20	19	Lead - Consolidated Contract & Childhood Lead	Provide case management and lead risk assessment of children who are/at risk of being lead poisoned.	\$0	\$9,363	\$9,363
21	21	20	Prevention	Enhances the health and well being of residents by collaborating with area agencies and community to improve health status and quality of life.	\$0	\$8,475	\$8,475
22	22	21	Farmers Market	Provides WIC participants with farmers market vouchers to help increase fruit and vegetable consumption.	\$0	\$3,536	\$3,536

Attachment: HHSB Program Ranking 2023 (7540 : Public Health 2023 Program Prioritization Ranking -



ESSENTIAL PREVENTION SERVICES

Board Rank 2023	Leadership Team Rank 2023	Board Rank 2022	Program	Description	Funding Sources		
					Tax Levy	Revenue, Grants or Contracts	2023 Budget Request
23	23	22	Bright Starts (River Source)	Provides personal Parents as Teachers visits from a parent educator, parent group connections, screenings, and resources in collaboration with River Source Family Center.	\$0	\$10,000	\$10,000
24	24	23	Environmental Health - Beach Water Testing	Collect water samples from public beaches to test for E.Coli to prevent disease and advise citizens.	\$2,285	\$0	\$2,285
25	25	24	Loan Closet	Providing wheelchairs on loan for up to six months at no cost.	\$0	\$2,700	\$2,700
26	26	25	WI WINS	Conducts compliance inspections of tobacco retailers and recognizes those not selling to youth.	\$0	\$4,350	\$4,350
27	27	26	Charity Outreach	Dispersal of funds from Rutledge Charities for primary health care needs of residents with children as a priority.	\$0	\$500	\$500
28	28	27	Donations	Individuals donating to Public health mainly for immunizations.	\$0	\$1,000	\$1,000

2023 Board Prioritization Ranking results are based on 6 responses.